Death, Real and Apparent

IN RELATION TO

The Sacraments

Rev. Juan B. Ferreres, S. J.

GRADUATE THEOLOGICAL UNION LIBRARY
2400 RIDGE ROAD
BERKELEY, CA 94709

Digitized by the Internet Archive
in 2025

https://archive.org/details/deathrealapparen0000revj

ALBERT'S COLLEGE LIBRARY

DEATH
REAL AND APPARENT

IN RELATION TO

THE SACRAMENTS

A PHYSIOLOGICO-THEOLOGICAL STUDY

FR. VICTOR DE LA FUENTE, O. P.

GRADUATE THEOLOGICAL UNION LIBRARY
2400 RIDGE ROAD
BERKELEY, CA 94709

BY

REV. JUAN B. FERRERES, S. J.

Professor of Moral Theology and Canon Law at the Collegium Maximum, Tortosa, Spain. Author of Compendium Theologiæ Moralis, Gury-Ferreres; Casus Conscientiæ, Gury-Ferreres; El Impedimento de Clandestinidad, etc., etc. Monthly Contributor to the Razón y Fe.

Translated at St. Louis University from the Third Edition of the Spanish and augmented by new matter

ST. LOUIS, MO., AND FREIBURG (BADEN)
PUBLISHED BY B. HERDER
1906

Nihil obstat.
S. Ludovici, die 3. Aprilis, 1906.
F. G. Holweck, Censor theol.

Imprimatur.
S. Ludovici, die 4. Aprilis, 1906.
+ Joannes J. Glennon,
Archiepiscopus Sti Ludovici.

Copyright, 1906, by Joseph Gummersbach.

Becktold Printing and Book Mfg. Co., St. Louis, Mo.

ST. ALBERT'S COLLEGE LIBRARY

CONTENTS

(For brief discussion of contents see preface to the Translation by the Reverend H. J. Heuser.)

PAGE

PREFACE TO THE TRANSLATION 7

INTRODUCTORY.

I. Importance of the subject 13
II. Investigation by the Medical Academy of Sts. Cosmas and Damian of Barcelona 14

PART FIRST.

THE ADMINISTRATION OF BAPTISM TO FŒTUSES AND NEWLY-BORN INFANTS, WHEN IN CONDITION OF APPARENT DEATH.

I. The verdict of Moral Theology 21
II. The verdict of Medico-Physiological experts teaching the continuance of fœtal and infant life in cases of supposed death 24
III. Some remarkable cases in proof 27
IV. Practical conclusions 32
V. Important observations on this teaching . . . 35

PART SECOND.

THE ADMINISTRATION OF THE SACRAMENTS TO ADULTS APPARENTLY DEAD.

I. Possibility of salvation 43

3374

PAGE

II. Administration of the Sacraments in probability, however slight, of continued life — obligation of the priest 49
III. The interval of Latent Life occurring in probably every case 58
IV. The signs of death — putrefaction, and perhaps cadaveric rigidity, the only certain indications . 67
V. Cases of sudden death — Latent Life probably continues until decomposition sets in 81
VI. Death after prolonged sickness — probable period of Latent Life under such circumstance . . . 87
VII. Cases in which this period is much longer . . . 102
VIII. Administration of the Sacrament of Penance; also, and preferably, of Extreme Unction, during probable period of Latent Life — obligation of the priest 104
IX. Conclusions 108
A last word: The Apostolate of the Dying . . . 116

APPENDIX.

I. Practical method of applying Laborde's rhythmic tractions 119
II. Frequency of premature burial — enactments of French legislature 122
III. Explanation of the "Karnice." 125
Medical and Theological Literature referred to in the present work 128

WORKS BY

Rev. Juan B. Ferreres, S. J.

El Impedimento de Clandestinidad. A canonical study first published in the magazine *Razón y Fe*. A pamphlet 11⅜x6⅛ in. 70 pages. Madrid, 1903. Price 1 peseta. For sale at the managing office of *Razón y Fe* and Catholic book-stores.

Comentario sobre lo que debe hacerse y lo que hay que evitar en la celebración de las misas manuales. A pamphlet 11⅜x6⅛ in. 46 pages. Madrid, 1905. Price 0.50 pesetas. For sale as above.

Comentarios Canónico-Morales sobre religiosas según la disciplina vigente. It contains four treatises: *Los Confesores de Monjas, La Cuenta de Conciencia, La Clausura, Votos de las religiosas.* A booklet 6½x4½ in. 196 pages. Madrid, 1905. Price 1.50. For sale as above.

Compendium Theologiae Moralis P. Joannis Petri Gury S. J., multis additionibus auctum, recentioribus actis Sanctæ Sedis, dispositionibus juris Hispani, decretis Concilii Plenarii Americæ Latinæ ejusdemque regionum legibus accommodatum (textu identidem emendato), atque speciali tractatu de Bulla

Cruciatæ locupletatum opera *P. Joannis B. Ferreres,* ejusdem Societatis ad usum scholarum Hispaniæ et Americæ Latinæ. Editio altera correctior et auctior. — Subirana Brothers, Calle de la Puertaferrissa, 14, Barcelona, 1904. Two volumes, CXL-702 and XII-848 pages. Price, paper cover, 18 pesetas; leather-bound 20.50 pesetas.

Casus Conscientiae Propositi ac Soluti a P. Joanne Petro Gury S. J., novis casibus aucti, recentioribus actis Sanctæ Sedis, dispositionibus juris Hispani, decretis Concilii Plenarii Americæ Latinæ ejusque regionum legibus peculiaribus accommodati (textu identidem emendato), opera P. Joannis B. Ferreres, ejusdem Societatis ad usum scholarum Hispaniæ et Americæ Latinæ.— Subirana Brothers, Calle de la Puertaferrissa, 14. Barcelona, 1903. Two volumes XVIII-578 and XVI-608 pages. Price, paper-cover, 12,50 pesetas; leather bound 15.

DEATH REAL AND APPARENT IN RELATION TO THE SACRAMENTS.

Preface to the Translation by the Editor of The Ecclesiastical Review.[1]

Some time ago Father Ferreres, S.J., Professor of Moral Theology in the Jesuit College at Tortosa (Spain), author of several works on the subject of Moral Theology and Canon Law, published a treatise [2] on the above-named subject which created much attention and discussion, not only in the theological but also in the medical circles of Spain. Soon the subject was taken up by different Italian, French, and German writers,[3] and translations appeared in these languages which elicited equal interest in other countries. Thus far the treatise has not been made accessible to English readers, and it remains for us, now that the subject has received from its author what might be called the "ultima castigatio ad unguem," to present it to

[1] From the *Ecclesiastical Review,* August, 1905.

[2] See *Razón y Fe,* revista mensual. Madrid, tomo IX–X.

[3] See *Il Monitore Ecclesiastico,* Roma; *Revue Augustinienne,* Louvain-Paris; *Revue Theologique Française,* Toulouse; *Études,* Paris; *Revista Ecclesiastica,* Buenos Ayres; *Pastoral Blatt,* St. Louis; etc.

our readers, in the hope that it will add considerably to the understanding of a matter which is of great moment to the pastor of souls, and which should therefore be thoroughly mastered by every priest on the mission.

For the English translation of the work we owe thanks to a Jesuit Father of our St. Louis University, who has retained as far as desirable the original train of thought and expression which, since the matter is somewhat technical, is the only course open to the translator.

We pass over the extensive medico-theological literature which Father Ferreres cites as his literary sources; but it will be of advantage to the student to get a general survey of the topics here treated before we enter upon the detailed analysis of the subject.

After dwelling briefly upon the importance of the question and referring to the critical discussion and study of the subject by the members of the Academia of SS. Cosmas and Damian, in Barcelona, the author takes up the administration of Baptism to fœtuses and newly-born infants when in condition of apparent death.

I. What moral theology says on the subject of fœtus and infant baptism.

II. Medico-physiological teaching on continued vitality of the fœtus or the infant, when life is supposed to have become extinct.

III. Remarkable instances corroborating the foregoing teaching of physicians.

IV. Practical conclusions; followed by some important observations on the subject discussed.

Next the author deals with the administration of the Sacraments to adults who probably still live, though apparently and in common estimation dead.

I. Possibility of saving, through the administration of the Sacraments, the souls of adults apparently dead.

II. As long as there is a reasonable doubt, however slight, as to whether a man is alive or dead, the Sacraments may and should be administered to him.

III. Between the moment ordinarily held to be that of death and the actual moment at which death takes place, there is, probably in every case, a longer or shorter interval of "latent life," during which the Sacraments may be administered.

IV. Apart from positive marks of decomposition and perhaps of a certain rigidity [4] observable only in the dead there are no absolutely certain signs that indicate death.

V. In cases of sudden death the period of latent life probably continues until the first symptoms of decomposition set in.

VI. It may be assumed that in the case of those who die of a long sickness there is a remnant of life after apparent death has set in:

(*a*) for at least half an hour; and probably

[4] "Cadaveric rigidity," Dr. Icard writes, "may be confounded with other pathological states . . . and give rise to regrettable error." See Part II, Section IV.

(*b*) for a considerably longer period.

The author cites a number of instances to show that this period may be much longer.

VII. During the probable period of latent life the priest may and should administer to adults, not only the Sacrament of Penance, but also and preferably that of Extreme Unction.

In conclusion Father Ferreres points out a practical method of reviving persons apparently dead, which consists in certain rhythmic tractions of the tongue, first suggested by Dr. Laborde, from whom the method takes its name. Useful hints are also given in regard to the probabilities and frequency of premature burial, and an explanation is added concerning the use of a certain instrument called *Karnice* which makes it possible for a person buried alive to communicate his revival to someone outside.[5]

[5] For these additions found in our translation we are indebted, in part, to G. B. Geniesse, the editor of the Italian translation of Father Ferreres' book.

INTRODUCTORY

IMPORTANCE OF THE QUESTION AND SPECIAL STUDY MADE OF IT BY THE MEDICAL ACADEMY OF STS. COSMAS AND DAMIAN OF BARCELONA

DEATH REAL AND APPARENT IN RELATION TO THE SACRAMENTS.

By Rev. Juan B. Ferreres, S.J.

I.— IMPORTANCE OF THE SUBJECT.

The question, at what precise moment death actually sets in and what are the unfailing symptoms which announce the separation of soul from body, is of great moment both to the physician and the priest. It not only involves at times the possibility of restoring temporal life, but in many cases affects the eternal salvation of the soul.

The problem is not new. Fr. Lacroix in the seventeenth century speaks of it in his treatise on moral theology, and during the following century it became the subject of *ex professo* discussion by the scholarly Spanish Benedictine, Father Feijoo; but it was reserved to modern medical science to investigate the subject more accurately. The result of numerous practical and scientific experiments has led medical men to the conclusion that life always, or in nearly every case, continues after the moment when, according to the ordinary criteria, death is supposed to have set in.

Now if the germ of life under such circumstances of seeming death is maintained, it follows not only that by the use of various methods of resuscitation invented in our day, the salvation of a soul may be secured, but that the bodily life itself may be prolonged.

Hitherto it has been customary to pronounce a person dead, and accordingly to relinquish all further efforts to sustain life, as soon as the ordinary symptoms indicating a cessation of vital action have appeared. After that instant no further effort was made to administer the Sacraments, or to restore the breath of life which may have been extinct only in appearance. As a result of modern investigation greater care is being exercised in this respect, and consequently many persons thought to be dead have been saved.

It is the province of the physician to ascertain by resuscitative methods whether death is apparent only or real. The priest's function turns rather upon the duty of saving souls by administering to those seemingly dead, yet still in possession of vital force, the Sacraments of the Church.

II.— INVESTIGATION BY THE MEDICAL SOCIETY OF BARCELONA.

A few years ago an article published in the review *Études Franciscaines* by Dr. Coutenot, and later repro-

duced in the Manila daily *Libertas,* edited by the Dominican Fathers, brought the subject of this paper to the notice of the present writer, who was consulted upon certain phases connected with the same.

Realizing the importance and the difficulty of the subject, which involved not merely a moral but also a medical and physiological issue, I deemed it my duty to solicit an opinion in the case from some medical experts. Accordingly I applied to the Medico-Pharmaceutical Society of SS. Cosmas and Damian, a learned Catholic body of Barcelona, availing myself particularly of the kind services of the well-known expert in medico-electrical science, Dr. D. Luis Cirera y Salse, who is likewise President of the Publishing Board of *El Criterio Católico en las Ciencias Médicas,* the organ of the aforesaid Society.

As might have been expected, the Society took up the investigation of the matter with cordial interest, and Dr. D. José Blanc y Benet, Secretary of the Publishing Board of *El Criterio Católico,* a physician of high rank, was chosen to conduct the discussion in the Academic department of the Society. During the four sessions devoted to the exposition of the subject, Dr. Blanc characterized it as one of eminent importance, claiming their careful attention. The conclusion of the discussion, participated in by the leading members of the Academy, was formulated in the following proposition by Dr. Blanc, to wit: "It may be

accepted as a general thesis that *the death of a person does not occur at the instant judged, according to popular notions, to be the last of life, but some time after.*" [6]

In the session of January 15, 1903, Dr. Blanc was requested to make a summary report of the practical conclusions to which the meetings had led. This was done in a session of January 29th. The report consisted of sixteen conclusions voted upon by the members of the Academy who had taken part in the discussion.[7]

The dissertation and conclusions, together with the

[6] In the first two sessions a full exposition of the subject, with the issues involved, was given by Dr. Blanc, who spoke with characteristic solidity and erudition. In the third and fourth sessions the discussion was taken up by Drs. Cirera, Grau y Martí, Ruiz Contreras, Bassols y Prim, Ribas y Perdigó, Nubiola, and the President of the Academy, Dr. Anguera, all of whom confirmed the diagnosis of Dr. Blanc, and added their testimony to "his thorough treatment of so important a subject." (Minutes of the session for January 29, 1903.)

[7] The better to appreciate the value of this endorsement on the part of the Academy, we give the names of the physicians present and voting at the above-mentioned session: Doctors D. José Anguera y Cailá, D. Luis Cirera y Salse, D. Isidro Pujador y Faura, D. Juan Rovira y Vendrell, D. Hermenegildo Puig y Sais, D. Lino Jorda y Batiller, D. Juan Ribas y Perdigó, D. Joaquin de la Riba, D. José Boniquet y Colomer, D. Antonio Gatell, D. Alejo Civil y Bugoñá, D. Eusebio Grau y Martí, D. Pedro Nubiola y Espinós, D. José Ruiz y Contreras, D. José Blanc y Benet, D. Pelayo Fontsará, D. Agustin Bassols y Prim, D. José A. Masip.

minutes of the sessions, were published in *El Criterio Católico en las Ciencias Médicas* (May to August 1903). These have served me as a basis for further study of the question in hand. They are embodied in the present paper, and also in the *Casus* recently published by me.[8]

[8] Gury-Ferreres: *Casus Conscientiae.* Barcinone; 1903. (See end of Vol. II.)

PART FIRST

FŒTUSES AND NEWLY-BORN INFANTS IN CONDITION OF APPARENT DEATH

THE ADMINISTRATION OF BAPTISM TO FŒTUSES AND NEWLY-BORN INFANTS WHEN IN CONDITION OF APPARENT DEATH.

I.— THE VERDICT OF MORAL THEOLOGY.

With a view to greater clearness in this important question, we shall first deal briefly with the administration of the Sacrament of Baptism to the fœtus or to the newly-born child.

It is the commonly accepted doctrine among modern physiologists that the human fœtus is informed by the rational soul from the first moment of conception. Hence from that same moment on the undeveloped child is capable of attaining to regeneration through Baptism. If then the fœtus shows certain signs of life on being expelled by any cause whatever from the womb, it should be baptized. All present-day theologians agree on this point.

Theologians are likewise at one in holding that a fœtus or newly-delivered child probably alive ought to be baptized conditionally: "*Si vivis, ego te baptizo*," etc. [If thou art alive, I baptize thee, etc.] Busenbaum asserts: "When there exists a doubt about the

life of an infant, it should be baptized conditionally." [9] Gury maintains the same doctrine: "The general opinion of theologians," he says, "rightly favors the obligation of administering conditional baptism to a fœtus prematurely born." [1]

St. Alphonsus has the following: "When there is a doubt regarding the life of an unbaptized child, Baptism should be given conditionally. It is however the teaching of Natalis Alexander, that Baptism should not be given, unless the immature fœtus manifest some unmistakable sign of life. To warrant Baptism, he affirms, conjectural evidence of this fact is not enough. Natalis is right if he is speaking about the unconditional administration of the Sacrament. But if he refers to the conditional conferring of Baptism, the contrary opinion of Busenbaum, Cardenas, Croix, and many other eminent authors should rather be followed. They one and all declare that every fœtus of premature birth should be given conditional baptism, unless the absence of life in them be altogether incontrovertible." [2]

[9] Busenbaum, *De Baptismo,* Dubium IV, Resp. IV.

[1] Gury, *Compendium Theologiae Moralis,* Vol. II, n. 247.

[2] "Si dubium sit an infans vivat baptizandus est sub conditione. Dicit Natalis Alexander, De Bapt. Prop. 3, R. 3, quod nisi appareat evidens signum vitæ in fœtu abortivo, non est dandus Baptismus, etiamsi adsit aliquod æquivocum signum. Si loquimur de Baptismo absolute ministrando, recte sentit Natalis: sed loquendo de Baptismo sub conditione conferendo, omnino dicendum cum Busenbaum, ut supra, et

Ballerini-Palmieri sums up the above view in one sentence: "A fœtus which gives an evident sign of life should be baptized unconditionally; but conditionally, if no such sign appear."[3] The reason for this is that in the case of infants no personal disposition is required for the fruitful reception of the Sacrament of Baptism. Consequently, if they are living and have not received it, they will receive it both validly and fruitfully. It follows that when there is a probability of life, there is also a probability of salvation by the reception of the Sacrament. Given therefore a doubt or probability of life, and supposing the infant to be unbaptized, the baptism ought to be administered conformably to the principle *"sacramenta sunt propter homines."* But since in the last-named contingency it is doubtful whether the Sacrament will produce its effect, as there is doubt about the child's being alive, and as Sacraments are for the living and not for the dead, out of respect for the Sacrament baptism is to be administered conditionally.

'Salm. de Bapt.', c. 6, p. 1, n. 3, illum sine dubio ministrandum, quandocumque aliquod apparet dubium de vita prolis. Hinc optime censet Cardenas in 'Crisi' I, d. 15, c. 3: Ronc. c. 4, q. 4, r. 3, Mazzotta, t. 3, pag. 85, et Croix, l. 6, p. 1, n. 294, cum aliis AA. gravissimis, omnes fœtus abortivos, si per aliquem motum dent signum vitæ, et non constet esse anima destitutos, semper esse baptizandos sub conditione si vivant." Lib. 6, n. 124.

[3] Ballerini-Palmieri, Vol. IV, n. 751, ed. 3.

II.— THE VERDICT OF MEDICO-PHYSIOLOGICAL EXPERTS TOUCHING THE CONTINUANCE OF FŒTAL AND INFANT LIFE IN CASES OF SUPPOSED DEATH.

We have seen that moral theology lays down clearly the obligation to baptize any fœtus or infant of recent birth, so long as there appears any manifestation of life, however dubious. It remains now to determine the extent of the probable continuance of life in such subjects, no matter how much appearancĕs point to actual death.

In this connection the wise suggestion contained in the Pastoral Instruction of the diocese of Eichstädt may serve as a rule: "Non levibus quoque stabilita fundamentis opinio est, fœtus abortivos seu infantes recens-natos, licet prorsus nullum vitæ signum edant, dummodo nullum etiam corruptionis initium aliudve indubitatæ mortis signum appareat, sub conditione baptizari posse; cum experientia teste hujusmodi infantes, inter vere mortuos jam computati, impensa longanimi et aliquarum horarum cura ac fomentis adhibitis refocillati sint vitamque prodiderint; nam frequenter in partu asphyxiæ subjiciuntur, ac vita carere, ast non nisi falso, existimantur, immo nullum mani-

festum mortis signum in talibus infantibus nisi ipsam putrefactionem graves medici admittunt." [4]

According to Dr. Surbled,[5] the only certain signs of the death of a fœtus are decomposition and putrefaction. Consequently, before these signs appear, it should be baptized *sub conditione.* "Not even the absence of all movement is a sure sign of death; decomposition or putrefaction is the only sign which admits of no mistake." A similar view was taken by the learned physician of Gerona, Dr. Vinader y Payrachs, in his *Discurso Médico-Moral.*[6] The same teaching is also found in Eschbach: "Infantes recenter natos et in vitæ discrimine positos, aut fœtus abortivos plane formatos, cum vel levissimus in eis motus apprehenditur, absolute baptizari oportet: cum autem sine motu et sensu iidem videantur, neque tamen adhuc corrupti aut putrefacti sint, sine mora baptizentur sub conditione: *'Si vivis, ego te baptizo,'*" etc.[7]

The basis of this doctrine is the fact that the fœtus and lately born infant frequently take on an appearance of death, lasting for hours or even days, during which interval it is impossible to perceive in them the

[4] Instructio Pastoralis Eystettensis, n. 85, ed. 5. Friburgi-Brisgoviæ, 1902.

[5] *La Vie Sexuelle,* L. 5, C. 2.

[6] *Discurso Médico-Moral.*, tit. 19, pag. 190 ff., Gerona, 1875.

[7] Eschbach, *Quaest. Physiol. Theol.,* disp. 3, p. 2, c. 3, a. 3, ed. 2. *Cf.* also Alberti, *Theol Past.,* pars prima, n. 7, Romæ, 1901; and Berardi, *Praxis Conf.,* vol. 3, nn. 845, 846.

ordinary phenomena of life, such as respiration, heart-beat, etc. Many such subjects have been resuscitated after hours and days of supposed death, and some even after actual interment.[8]

It should be noted, too, that in the case of fœtuses and newly-born infants other symptoms may easily be mistaken for the first indications of putrefaction.[9]

[8] Eschbach, *l. c.;* Icard, *La Mort Réelle et La Mort Apparente,* Paris, 1897, pars 2, c. 6, a. 19, pag. 247 ff.; Debreyne, *Ensayo sobre la Teología Moral.,* p. 3, chap. 2.

[9] P. Goggia, *Cosmos,* vol. 44, year 1901, p. 145.

III.— SOME REMARKABLE CASES IN PROOF OF THE FOREGOING DOCTRINE.

Dr. Grau y Martí, in the above-mentioned session of the Medico-Pharmaceutical Society of SS. Cosmas and Damian, held in Barcelona on January 15, 1903, gave an account of several remarkable cases, among them one of a fœtus that had been buried as dead, and *five* hours after burial was resuscitated; another of a fœtus that manifested slight beatings of the heart *twenty-three* hours after its supposed death. In the session of January 22, Dr. Ruiz Contreras related a case that occurred in the Charité of Paris: "A woman gave birth to a child after a six-months' term of pregnancy. The fœtus had been pronounced dead, but I succeeded in revivifying it, and after being placed in an incubator it lived one or two days more."

To these cases of Dr. Grau y Martí and Dr. Ruiz Contreras must be added others cited by the French physicians Icard and Laborde.

"How many children given up for dead," says Icard in the place quoted above, "have been found to be alive at the very moment they were going to be buried! One day, Portal, first physician of the king, received the body of a child that had been born in a state of

suffocation. The tiny corpse lay for some time in the dissecting room before Portal began to prepare for an autopsy. When about to undertake the operation it occurred to him to blow for a brief space into the child's mouth, with the result that after two or three minutes resuscitation took place. A similar occurrence was observed by an anatomist of Lyons, who reported it to Portal, by whom in turn it was communicated to Professor Depaul. Three cases which go to show the persistent vitality of children born in a condition of suffocation, were brought to the attention of the Gynecological Society of Chicago by Dr. Goodell. After fruitless attempts at resuscitation the three children were pronounced dead by the physician and given up accordingly. The next day, as preparations were being made to bury them, all three were found to be alive. Another infant, after being worked on for an hour without result, was pronounced dead. After being placed in the coffin and left for twenty-four hours in a cold room, Dr. Marschka was able to perceive distinctly the beatings of the heart. What is more, it has been found possible to save the lives of children that had remained buried underground for several hours."

Dr. Laborde,[1] relates a number of instances of children apparently still-born who came to after a term

[1] Laborde, *Les Tractions Rhythmées de la Langue,* VIII, pp. 76 ff, ed. 2, Paris, 1897, and VIII, 2d part, pp. 406–510.

of one or more hours, thanks to the process of rhythmical tractions of the tongue devised by Dr. Laborde himself. We give here a few of these cases. On January 10, 1892, Dr. Kristoyanaki reported to the Academy of Medicine of Paris a case that came within his own experience. On November 25, 1891, after spending over an hour and a half in vain efforts to revivify a child, he had recourse finally to rhythmical tractions of the tongue, and succeeded in restoring life. A similar case is related by Dr. Massart, who on December 9, 1892, by the same method and after other means had been tried to no purpose, was able to resuscitate a child that was born without the least sign of life. Another case is that of a newly-born child which lay unattended to for a whole hour, in a state of seeming death through suffocation, and was finally revived through the efforts of Dr. Sorre of San-Malo. The first signs of returning life were noticed only as the doctor, who had employed rhythmical tractions for about *twenty minutes,* seemingly without results, was about to give the case up as hopeless. Dr. Delineau reports a similar case which came within his own personal experience, May 9, 1893.[2] It may be remarked that in this and other cases also, the child had been given up for some time as certainly dead; so that both the family and the nurse on seeing the doc-

[2] Laborde, *l. c.,* pp. 134–136.

tor resort to the rhythmical tractions protested in chorus: "Leave the body of the little angel in peace." The doctor himself, after some time spent in applying this treatment of rhythmical tractions, was on the point of discontinuing it as not likely to succeed. Other instances may be read in Dr. Laborde's work, pp. 425-507, especially those on pp. 425-426, 429-431, 431-434, 444-446, 462-464, 477-478, 483-485, 490-492, 504-507. In the instance referred to on p. 429, etc., it was only after the child had been subjected for three-quarters of an hour to rhythmic tractions that it began to manifest signs of life; but half an hour more of the treatment was needed to procure complete resuscitation. So in the instance on p. 490, etc., an hour and a quarter had elapsed after the birth and three-quarters of an hour was spent in the rhythmic tractions before the child began to manifest any indication of life at all.

In conclusion we may mention a case which, though somewhat remote in date, cannot fail to be instructive. It is told by Icard. In 1748 a Dr. Rigadeaux was called to assist at the delivery of a woman who resided in a suburb of Douay in France. The call reached him at five o'clock in the morning, but it was eight when he arrived. The woman had died two hours before without delivery. The doctor asked to see the body, which he found already in its shroud. With his own hands and without the need of any cutting

he extracted from the womb the body of an infant to all appearances dead. After *three hours* of vigorous efforts to revive the infant he was on the point of giving up, when the infant gave signs of life and gradually came to. The doctor was preparing to leave the house *seven hours* after the mother had drawn her last breath, when he noticed that cadaveric rigidity had not yet set in. He had the shroud taken off, gave orders not to proceed to burial until the corpse became rigid, and in the meanwhile to stroke the hollow of the woman's hands from time to time, to rub her nostrils, eyes, and face with vinegar, and to keep her in her own bed. After two hours of this treatment the mother likewise revived, and on August 10, 1748, both mother and child were well and strong.[3]

Dr. Barnades, attending physician to the king of Spain, also refers to this case in a work written at Madrid in 1765, and published in 1775. Its title is[4] "A treatise on the danger existing in certain cases of burying persons alive without other signs of death than those generally accepted; and on the best means of restoring to life persons who have been drowned, hanged, etc." On p. 122, etc., may be found other remarkable instances which confirm our statements.

[3] Icard, *l. c.*, pp. 221–222.

[4] "Instrucción sobre lo arriesgado que es en ciertos casos enterrar á las personas sin constar su muerte por otra señales más que las vulgares; y de los medios más conducentes para que vuelvan en sí los anegados, ahogados con lazo," etc. See p. 278.

IV.— PRACTICAL CONCLUSIONS.

The cases referred to above suggest some practical conclusions of great importance and frequent application.

The *first* concerns the obligation the physician is under to procure by all means in his power the resuscitation of a child that is born apparently dead, but without exhibiting certain signs of putrefaction.

Dr. Sorre, after instancing the case cited above as having come under his own experience, adds: "Let this case serve as a warning to those doctors who, when a child comes into the world without manifesting signs of life, do nothing more than make a few perfunctory efforts to induce respiration. How many children born in a state of apparent death would be restored to life if only more serious efforts were made in their behalf,— a course which is now rendered easier than ever by the simple and efficacious process of rhythmic tractions of the tongue."[5]

Secondly, there is an obligation incumbent on all those who assist at a delivery or abortion, to baptize at once a fœtus or newly-born infant seemingly dead, but without any sure indication of putrefaction. How

[5] Laborde, *l. c.,* pp. 105–107.

ST. ALBERT'S COLLEGE LIBRARY

many souls might by this means be raised to Heaven, who otherwise must remain forever deprived of the sight of God.[6]

In the *third* place, it is the duty of the priest, and especially of pastors and those who are charged with the care of souls, to impress upon the faithful, and married persons in particular, the duty, in all cases of abortion, of baptizing the fœtus, though only of a few days' growth; as also the duty of baptizing every child that is born in a condition of seeming death, no matter how much it has the appearance of a corpse, excepting only in the case when complete decomposition has taken place. We believe that negligence in this matter is frequent; since it is very easy, to the great detriment of God's glory and the loss of souls, to take newly-born infants for dead, and leave them without baptism.

In these cases baptism is administered, as has been said, under condition,—"*If thou art alive,* I baptize thee in the Name of the Father and of the Son and of the Holy Ghost," the one who pronounces the words at the same time pouring water on the head of the child.

If there is question of baptizing a fœtus which was expelled prematurely from the womb, still undeveloped in the so-called secundine membranes (amnion and

[6] *Cf.* Florentini, *De hominibus dubiis, seu de abortivis baptizandis,* Venetiis 1760.

chorion), it is first baptized on the surface of these membranes. But since a doubt may be raised about the validity of baptism administered directly on the secundine membranes, as it is not clear whether they are properly parts of the infant, it is afterwards immersed in water and the membranes peeled off with the fingers, the form of baptism being repeated in this way: "*If thou art alive and not baptized,* I baptize thee," etc. Then without delay the fœtus is to be taken out of the water.[7]

[7] Cf. Eschbach, *l. c.,* p. 321; Debreyne, *l. c.,* p. 3, cap. I, No. 5; Villada, *Casus,* Vol. III, p. 261, 262, (ed. I); Capellmann, *Med. Pastor.,* p. 112, note; Dr. Blanc, "El Bautismo de Necesidad," articles published in *El Criterio Católico,* year 1899; Gury-Ferreres, *Comp. Theol. Mor.,* Vol. II, n. 249, q. 6; Alberti, *l. c.;* Berardi, *l. c.*

V.— IMPORTANT OBSERVATIONS ON THIS TEACHING.

A — As abortive fœtuses and infants of recent birth are frequently in a state of apparent death, especially in case of sickness or difficult birth, they are thought to be dead within the womb, when in reality they are alive. "Never," says Dr. Barnades,[8] "is the judgment about the presence or the extinction of life so subject to error as in cases of the fœtus within the womb or in the act of deliverance." Barnades (p. 319) mentions cases in which doctors after a careful diagnosis have believed the infant dead, and crushed the skull to extract it from the mother's womb. On closer examination they were surprised to find the fœtus still alive, and that they themselves had been involuntary perpetrators of infanticide. It is plain then with what caution physicians are bound to act in this matter, never venturing to do anything which might directly occasion its death, lest by some chance it should be still living. They should also take pains to have the fœtus baptized as soon as possible. This was also Dr. Deventer's opinion based upon personal experience and the experience of others, as Barnades

[8] *L. c.*, p. 316.

remarks.[9] Let physicians ever bear in mind that, in accordance with the doctrine of theologians and decrees of the Sacred Office,[1] it is never lawful *directly* to procure abortion of a living fœtus, or to do anything from which its death may directly ensue, no matter how grave the danger in which pregnancy places the mother, or the fœtus, or both. A *premature artificial parturition* is allowed when the offspring can live *extra uterum,* and the gravity of the case demands it.[2]

B — In the second place, as it frequently happens that after the mother's death the fœtus survives, so an obligation rests upon the physician to perform the cæsarean operation that the fœtus may be baptized and its life saved, should it be possible. This obligation to baptize does not cease to exist even in the case where pregnancy be but of a few weeks; since, as was stated above, the human fœtus is believed to be animated by a rational soul from the very first moment of conception.

"The Catholic physician," says Dr. Blanc, "is obliged to perform the cæsarean operation in all stages

[9] *L. c.,* p. 324.

[1] Such decrees, are among others, those dated May 2, 1884, August 12, 1888, and July 21, 1895, etc.

[2] See Sacred Office, May 4, 1898. *Cf.* Gury-Ferreres, *Comp. Theol. Mor.,* Vol. I, n. 401, etc.; Eschbach, *l. c.,* and *De Ectopicis Conceptibus* (Romae, 1894, p. 10 sqq.); *Disp. Phys. Theol.* (Romae, 1901, p. 452, etc.); Antonelli, *Medicina Pastoralis,* (Romae, 1905, Vol. I, n. 300, etc.).

of pregnancy, beginning at least with the period when the embryo is distinguishable and has the form of a fœtus." According to Chausier and Marc this takes place on the forty-fifth day. As early as the thirtieth day the embryo may be distinguished, and is as large as a grain of barley.[3]

The law laid down in the Roman Ritual is quite decisive: "Si mater pregnans mortua fuerit, fœtus quamprimum caute extrahatur; ac, si vivens, baptizetur."[4]

The relatives of the deceased are obliged to permit, nay, even to request that such an operation take place.

The faithful, says the Sacred Congregation of the Holy Office, will not take it amiss that the body of the deceased mother be operated upon to administer Baptism, thus to save the eternal and perchance the temporal life of the child, when they call to mind that our Saviour permitted His Sacred Side to be opened with a lance for our salvation. It is unreasonable and impious to condemn to eternal death the living child for a stupid wish to preserve intact the dead body of the mother.

An obligation rests upon the priest, especially upon the pastor, to inform the faithful and physicians of

[3] *Criterio Católico,* Vol. I, p. 354. See Aertnys, *Theol. Mor.*, lib. vi, n. 42.

[4] Consult the Plenary Council of Latin America, n. 492; St. Thomas, *Summa Theol.,* p. 3, Qu. LXVIII, Art. 11.

their duty in this matter; still he may not *command* that the operation take place, much less may he perform it.[5]

C — Some are of the opinion that the fœtus dies simultaneously with, or at most a few moments after, the mother. Nevertheless, there are cases on record where the fœtus has been found alive on opening the maternal womb many hours after death.[6]

Dr. Barnades[7] mentions several instances of children born without medical aid several hours and even two days after the mother's death, others at her very interment. The following instance happened at Segovia: Francis Arevalo de Suazo set out on a journey, during which his wife died with child. When he was informed of the sad news he returned home immediately, only to find that she had been buried that very day. He longed to see her for the last time and ordered the grave to be opened. But on opening it the cries of a child just born were heard. It was taken out and lived many years, and became mayor of Jerez.[8]

D — Since cases of apparent death are not uncom-

[5] Both these regulations are found in the decrees of the Sacred Office, February 15, 1780, and December 13, 1889.

[6] Antonelli: *Medicina Pastoralis,* V. I, n. 309, etc. See also Dr. Blanc's article, "Doctrina Theológico-Moral sobre algunos puntos tocológicos," in the *Criterio Católico,* Vol. I, pp. 193, 225, 327, 353, etc.

[7] *L. c.,* p. 284, etc.

[8] Barnades, *l. c.,* p. 293; Dr. Blanc, *l. c.,* p. 325.

mon in pregnant women, and since it is important — in order to secure the fœtus alive — that the cæsarean operation should take place as soon as possible, two points are to be borne in mind: (1) that there be certainty of the mother's death; (2) that the cæsarean operation, or any other operation deemed necessary, be performed with the same caution and care as in the case of a living mother, so that, if alive, she may not be killed, as unfortunately has taken place more than once.[9] Particulars which may be followed in these cases are described by Dr. Blanc.[1] He remarks that at times not only has the child been delivered alive, but even the mother, though apparently dead, has been restored to health.

We may conclude this chapter of our inquiry by mentioning a most instructive case which is found in Barnades,[2] and originally taken from Gaspar de los Reyes. There was a lady in Madrid, of the illustrious house of Lasso, who after a three days' agony died with child, according to the general belief, and was buried in the family vault. The fœtus had not been removed, because it likewise was thought to be dead. Some months later the tomb was opened, and the dead mother was found clasping a child in her right arm. Undoubtedly the unfortunate mother, on

[9] See Barnades, *l. c.*, p. 308.
[1] *L. c.*, p. 356.
[2] *L. c.*, p. 330.

awakening from her trance, had brought forth her child, not to the light of day, but to the woeful darkness of the grave.

PART SECOND

ADULTS IN CONDITION OF APPARENT DEATH

ADMINISTRATION OF THE SACRAMENTS TO ADULTS APPARENTLY DEAD.

I.— POSSIBILITY OF SALVATION.

It is possible to save, by administration of the Sacraments, the souls of adults apparently dead.

It is certain that an adult, whilst still alive and in possession of the requisite dispositions, is capable of receiving some of the Sacraments, no matter how strongly outward appearances may indicate a state of death. It is certain likewise that on receiving or not receiving these Sacraments may depend the salvation of his soul.

The Sacrament of Baptism.

To give an example. Let us take an adult who has not received the Sacrament of Baptism, and is found in a state of apparent death. Here two suppositions are open: either he has never attained to the use of reason,— in which case it is *certain* that he can validly receive Baptism and that without it he cannot attain heaven; or, he has had the use of reason. In this latter event he can still *validly* receive the Sacrament, provided he has at least implicitly desired to be baptized, or *now so desires.* But

suppose he has committed grave sins, and with these upon his soul has fallen into the state of apparent death, after having at least implicity desired Baptism, and elicited an act of *attrition, i. e.,* imperfect contrition, whose motive though supernatural, is not the perfect love of God? Under these conditions he can still be saved by the administration of the Sacrament, without it, on the contrary, he will be lost. Such desire and sorrow, it should be noted, may actually be elicited by him while in this very state, so as to make his salvation depend upon the reception of Baptism.

The Sacrament of Penance.

In like manner the Sacrament of Penance can be validly received in the case of a Christian adult who has committed grave sins that are not yet otherwise forgiven, and who after an act of imperfect contrition, has fallen into this state of apparent death, or else has elicited such an act in this state itself. This is the doctrine commonly admitted in our day. But should he die in this state without the reception of Absolution or Extreme Unction, he is lost; for he has sorrow of attrition only, which would be insufficient to save him without the Sacrament.

The Sacrament of Extreme Unction.

As for the Sacrament of Extreme Unction, every Christian adult in the state of apparent death can validly receive it; and it is certain that if he has attrition, or had it before he

fell into such a state, the grave sins he has committed will be forgiven him. All should, no doubt, endeavor to be in the state of grace before receiving this Sacrament of the living. Yet it is universally admitted by theologians that this Sacrament will cancel the grave sins the dying man may have upon his soul, if only he has true *attrition,* being unable to make his confession or an act of perfect *contrition.*[3] And this effect Extreme Unction produces, not *per accidens,* but *per se,* although, according to Suarez and others, only secondarily.[4]

The possibility of conceiving sorrow for sins at the very moment of lapsing into this state of apparent death is evident. Yet it is also possible for one who appears to be quite dead — without pulse-beat, respiration, or other sign of life — to possess interiorly full use of his understanding and therefore in that very condition still to conceive true sorrow for his sins. Cases of this kind, according to Ballerini-Palmieri, are not of such rare occurrence as one might suppose. "Sed non raro videri quidem poterit sensuum plena destitutio, at nihilominus adhuc interior animus vigere."[5]

[3] St. Thomas, *Suppl.,* q. 30, a. 1; Suarez, *De Poenit. et extr.,* d. 41, sect. 1, n. 15, etc., St. Alphonsus, l. 6, n. 731.

[4] Suarez, *l. c.,* n. 16; Pesch, *Praelectiones Dogmaticae,* vol. 7, n. 538.

[5] *Opus Theol. Mor.,* V. 5, n. 861, ed. 3. See also Haine, *Theol. Mor.,* Louvain, 1900, vol. 3, p. 269 (edit. 4).

For this purpose Padre Feijoo in his letter entitled *Contra el Abuso de Acelerar más que conviene los Entierros*[6] relates two cases described by Monsieur de San Andres, consulting physician of King Louis XIV, in his book entitled *Reflections on the Nature of Medical Remedies and their Effects,* etc.[7]

The witness in the first case was the author's father, also a physician. A man of sixty years of age, exhausted by continuous fever, had fallen into a syncope, and was believed to have breathed his last. Not only were the necessary preparations made for the burial, but there was question, at his son's request, of holding an autopsy. Two curés who were present, fell into a dispute about the right of burial, and the contention soon waxed loud enough to be heard in a neighboring room occupied by the witness, who entered to mediate between them. When peace had been established he approached the apparently dead body, and through a sense of curiosity unveiled the face. He thought he could notice in it a slight twitch, but, putting his hand to the pulse, and holding a lighted candle close to the nostrils and mouth, he could find no indication of life. About to turn away, in the belief that the man was certainly dead, he thought that he again

[6] *Against the Abuse of Unnecessarily Hastening Burials* (ed. Rivadeneyra, p. 577).

[7] Printed at Rouen in the year 1700. An extract is given in Vol. XXXIII of *Noticias de la República de las Letras.*

noticed the same movement. Disturbed at what he saw, he called for some wine, and applied it to the nostrils and poured some into the mouth of the supposed corpse; but with no apparent effect. Once more he was on the point of leaving, when he perceived more distinctive signs of life. There seemed to be an expression of evident relish on the countenance; a little more of the cordial, and the man opened his eyes. The supposed dead man soon recovered, and completely regained his health. But what was most astonishing is that *in this state of apparent death he had heard and understood what the two curés had said and after his recovery related it all exactly.*

The second case was told the author by a lady, as her own personal experience. Twenty-four years previously, when still a girl, she had suffered from a wasting fever. While in this state she swooned away and lost all appearance of life, so that her medical attendants left her for dead. Arrangements were being made in her presence, since all regarded her as dead, to wash her body and place it in a shroud, she herself hearing all that was said, without being able to utter a word or give any sign, tortured though she was to indicate to those about that she was still alive. Fortunately for the sick girl, an aunt whom she dearly loved, came to her, and in a passion of grief, with tears and cries embraced and kissed the body, whereat the poor girl was so moved that she burst into a

scream. With the assistance of physicians, cupping-glasses were applied to various parts of the body, and by means of this and other remedies she was completely restored to health and lived for many years.

A similar case, which Fr. Peter Marchant relates of himself, may be read in Gury,[8] or Elbel,[9] and examples could be easily multiplied.

[8] *Casus,* Vol. II, n. 487. [9] *Theol. Mor.,* p. 9, n. 212.

II.— IN REASONABLE DOUBT.

As long as there is a reasonable doubt, however slight, whether a man is alive or dead, the Sacraments may and should be administered to him.

This is a common doctrine among theologians. All to-day maintain that the Sacraments may and ought to be administered to a man when it is doubtful whether he is still alive or already dead. Here are the words of Father Gury: "Hinc licet absolvere conditionate in sequentibus casibus: (1) In dubio an poenitens sit vivus vel mortuus. . . ."[1] Lehmkuhl teaches the same: "Praecipuae autem conditiones in quibus absolutio conditionata dari potest, aut pro necessitate poenitentis dari debet, haec sunt; 1° Si *duvium* versatur circa *vitam vel mortem* poenitentis quamdiu non constet de incapacitate."[2] Scavini writes: "Fas est dare absolutionem sub conditione in dubio, an poenitens. . . . sit vivus."[3]

This is also what Father Villada means when he says that during the first six minutes that follow what

[1] *Comp. Theol. Mor.,* Vol. II, n. 433.
[2] *Theol. Mor.,* Vol. II, n. 273.
[3] Scavini Del Vecchio, Vol. II, n. 693.

is commonly called the moment of death, it is doubtful whether a man is alive or dead. During this time, he says, the Sacraments may be administered. And since he is of opinion that in cases of sudden death this probability extends much farther, he maintains that during all this period the said administration may take place.[4]

As to Génicot, after noting how difficult it is to say whether a man is actually dead or alive when seemingly respiration, pulse, and the beatings of the heart have just ceased, he concludes that it is better to administer Extreme Unction to those who a short time before have to all appearances ceased to live.[5]

In his *Casus Conscientiae* Génicot adds that in this matter the priest should proceed with great caution, lest the Sacrament be subjected to irreverence by the bystanders, who may be either indifferent or hostile to religion. Under such circumstances it is preferable, he thinks, not to anoint the person, unless a physician declare that it is not yet certain that death has actually taken place. When, however, those present have sincere and earnest piety, it will suffice to

[4] *Casus,* Vol. III, p. 244, ed. 1. Noldin, *De Sacramentis,* n. 238, note, cites and follows Father Villada. Alberti, *Theologia Pastoralis,* pars I, n. 18, VI, likewise follows him.

[5] "Quare ubi non est timendus contemptus sacramentorum in adstantibus, praestabit inungere eum qui brevi antea expirasse videtur, potissimum si nullus medicus mortuum esse testatus fuerit." *Theol. Mor. Inst.,* Vol. II, n. 422.

preface the conditional administration of the Sacrament by a few words of explanation.[6]

How slight a probability as to whether a man has not yet died may be sufficient to enable one to administer the Sacraments to him may be clearly deduced from what authors teach in analogous cases. For theologians commonly hold that in cases of extreme necessity, under which ours must certainly be included, the Sacraments may and should be administered conditionally, even though through apparent lack of one or more of the essential requisites their validity be

[6] "Ubi jam mortuus apparet aegrotus, antequam unctiones dari coeperint, diligenter cavendum est ne sacramentum impiorum irrisioni exponatur. Quare si adstantes parum pii vel ignoti sint sacerdoti, praestabit expectare judicium medici neque inungere eum qui nulla vitae signa praebet antequam ille pronuntiaverit mortem minime certam esse. . . . Aliter dicendum putamus si adstantes pii sunt vel saltem manifeste sinceri et religionem venerantes. Quamdiu enim nullus medicus dubium diremit, praestabit sub conditione sacramentum conferre declarata ratione ob quam ita agatur."—*Casus*, Vol. II, tr. XVI, c. 3, cas. 4.

The Italian translator of the present work here takes issue with Génicot on several points. We give the entire passage:

"We do not entirely agree with Génicot on this point, in spite of our high regard of this author's opinions. He seems to suppose that physicians are apt to pronounce without hesitation in such matters — an assumption that is certainly not well founded. Besides, the fear of dishonoring the Sacraments actuates him too much. We would rather follow the author, who (n. 145) plainly shows how to prevent all irreverence. Lastly, we do not like the word *praestabit;* he should have said at least: *plerumque adest obligatio*, or *per se tenetur.*" (Dr. G. B. Geniesse.)

very doubtful,— and this despite the fact that the Sacrament's validity be only slightly probable or have little foundation or be based on the opinion of others and not on our own.

It is not difficult to demonstrate these assertions by means of clear and authentic texts: "Quoties de existentia conditionis dubitatur, quae ad validam administrationem necessario requiritur, Extrema Unctio non secus atque alia sacramenta sub conditione, quod illa res adsit (si vivis, si baptizatus . . .), administrari potest et debet."[7] "Ubi adsit (in extrema necessitate) tenuis aliqua probabilitas de materia idonea sacramenti hac uti licet."[8]

Marc and Bucceroni write as follows: "Nec obstat quod attritio et confessio in istis destitutis sensibus in actu peccati valde dubiae sint; quia in casu extremae necessitatis, etiam in sacramentorum administratione licet uti probabilitate tenui et parum fundata."[9] "Absolvi potest et debet saltem conditionate quilibet moribundus in quo attritio et confessio praesumi possunt aliquo modo, quamvis infime probabili, quia in casu extremae necessitatis etiam in administratione sacramentorum uti licet opinione etiam parum fundata."[1]

Nor are the words of such authorities as La Croix

[7] Noldin, *De Sacram.*, n. 444.
[8] Ballerini-Palmieri, Vol. V, n. 238, ed. 3.
[9] Marc, *Inst. Mor.*, Vol. II, n. 1855.
[1] Bucceroni, *Theol. Mor.*, Vol. II, n. 753.

and St. Alphonsus less decisive. The first teaches: "Est *gravis obligatio ex caritate* ut sacerdos in extrema necessitate proximi operetur *ex opinione probabili saltem aliorum,* ut habet communis cum Moya, n. 35; imo opinio etiam *tenuiter probabilis* practicari debet, si alias proxime periclitaretur salus aeterna proximi, uti tenent multi et graves auctores cum Sanchez, Moya a n. 38, Vind. Gobat n. 27; Viva in append. ad propos. damn. sect. II, quos secutus sum, lib. I, n. 366 . . . nam periculum frustrandi sacramentum pro salute humana institutum est minus malum quam periculum amittendae aeternae salutis hominis: atqui haec opinio [namely that a dying person, *sensibus destitutus,* can be absolved *sub conditione,* even though he is not known to have given any signs of penance] est *aliquo modo, et saltem tenuiter probabilis,* ut ex dictis patet. Ergo." [2]

St. Liguori follows the same doctrine, which may be said to be common to our theologians generally: ". . . quia in casu extremae vel urgentis necessitatis licitum est uti materia dubia ex principio maxime apud theologos probato. . . . Hoc casu enim possumus uti opinione adhuc *tenuis probabilitatis,* ut recte ajunt Sanchez, de Matrim. l. 2, d. 26, n. 8, et Dec., l. 1, c. 9, n. 25; Viva, dict., Sect., II, V. Ratio; et Croix, n. 1, 162 cum Gobat et fuse probat Cardenas. In prop. damn. Innoc. XI, diss. IV, c. 7, n.

[2] St. Lig., lib. 6, p. 2, n. 1261, No. 7 et 9.

44 cum Navarro, Soto et Filguera. Ratio, quia necessitas efficit, ut licite possit ministrari sacramentum sub conditione in *quocumque dubio,* per conditionem enim satis reparatur injuria sacramenti, et eodem tempore satis consulitur saluti proximi. Et maxime hic advertendum est quod sacerdos, *quando potest, tenetur sub gravi* absolvere infirmum, ut dicunt Mazotta, l. 3, p. 364, et Suar. Vasp. Con. . . . cum communi apud Viva, l. c." [3] Elsewhere St. Alphonsus writes: "In extrema necessitate si nequit haberi materia certa, potest et debet adhiberi *qualiscumque dubia* sub conditione. . . . Et hoc procedit non solum quando est tantum probabilis opinio pro valore sacramenti, sed etiam quando est *tenuiter probabilis.*" [4]

Elbel [5] says conclusively: "Colleges etiam illum moribundum esse absolvendum sub conditione, de quo prudenter dubitatur, an adhuc vivat. . . . Ratio est quia hoc sacramentum est administrandum in casu necessitatis, quoties affulget aliquantula saltem spes fructus inde percipiendi."

The reason is, as the Instruction of Eichstadt (n. 296) teaches, that in extreme cases recourse must be had to extreme remedies; and it is better to expose the Sacrament to the danger of nullity than man to the danger of eternal damnation. "In hac extrema

[3] St. Lig., l. 6, tr. 4. *de Poen.,* n. 482.
[4] St. Lig., l. 6, tr. 2, *de Bapt.,* n. 103.
[5] L. c., n. 216.

conditione, prudentius est etiam extrema tentare et sacramentum periculo potius nullitatis quam animam ex defectu sacramenti periculo aeternae damnationis exponere malle."

Nor, in following this course, is irreverance shown to the Sacrament: (1) because the Sacraments have been instituted for man's good and in consequence should be used whenever there is any chance of saving him; (2) because they are administered under condition, and therefore if the condition is not fulfilled there is no Sacrament; (3) if there should be some lack of reverence, it will be excused by the extreme necessity of the dying man. "Nec ideo fiet irreverentia sacramento, nam sacramenta sunt instituta ad salutem hominum; ergo non est contra eorum reverentiam, sed maxime est secundum eorum finem, si prout possunt conferantur, ubi extreme periclitatur salus hominis. Deinde conditio salvat reverentiam sacramenti; si enim moribundus non sit capax, non fit sacramentum. Denique proximi necessitas excusat ab irreverentia, uti constat ex multis similibus casibus in l. 6, p. I, n. 110 et 119 relatis." [6]

It follows from what has been said, that all theologians admit as established principles: *first,* that in case of extreme necessity the Sacraments should be administered even though the probability of their validity be very slight; *secondly,* that in the absence

[6] La Croix, l. 6, p. 2, n. 1256 (al. 1156).

of certainly valid matter, doubtful matter should be used, which principle is applicable to all the other essential requisites.

"Ergo omnes et Scotistae et alii supponunt duo principia certa: (*a*) In casu extremae necessitatis omnia remedia, etiam tenuiter probabilia, posse et debere tentari; (*b*) Ergo in tali casu licere uti materia dubia ad administranda sacramenta saltem si materia certa haberi nequeat."[7]

Applying this doctrine to the subject before us, we infer that the Sacraments *can* and *should* be administered to men who are *probably* yet alive, although they are commonly thought to be dead; and this even in those cases in which the probability of their being alive may be *doubtful* or *very slight,* and but indifferently founded, or based on the *opinion of others* and not on our own.

Such was the application made by La Croix in these words: "Some physicians assert that the rational soul remains united to the body for a quarter of an hour or more after death is commonly supposed to have set in. If therefore the priest arrives about this time after the person has apparently died, should he absolve such a person at least conditionally?[8]

"I answer affirmatively: if the foregoing opinion,

[7] Pesch, *Praelect. dogmat.,* l. c., n. 85.
[8] L. c., n. 1264 (al. 1164).

either by reason or authority, is rendered doubtfully probable."

The fact that persons who are apparently dead frequently retain the use of hearing proves how expedient it is for the priest, before giving absolution, to prepare them for it by a few well-chosen words.

Translator's Note.— Van Roy gives it as his practice to speak to them in the third person, e. g., *"I will now give N. N. absolution, etc."—"I know that he surely is internally sorry for his sins, etc."* The reasons this author advances are: 1st, the fact that persons who had been externally deprived of their senses have frequently, on their recovery, stated to him that during this period they heeded more what was said *about them,* than what was said directly *to them.*— 2d, because they are so less disturbed by their inability to answer the priest.

Geniesse approves of this advice, and adds that the priest must speak distinctly, slowly, and in a loud voice — but without shouting. If he shouts he will not be understood (Geniesse l. c., p. 61.)

III.— THE INTERVAL OF LATENT LIFE.

Between the moment ordinarily held to be that of death and the actual moment at which death takes place there is probably in every case a longer or shorter interval of latent life, during which the Sacraments may be administered.

Authors generally admit that the Sacraments may and should be administered to those who seem to have just expired, if it be solidly probable, or at least doubtful, that they are still alive,— and this during the entire time that such doubt or probability exists. The only difficulty therefore lies in determining when and up to what point it is probable or doubtful that a man lives after the time ordinarily called "the moment of death."

The answer to this question is not the same for all cases; in general we may hold as universally admitted that death does not invade the entire organism suddenly, but only gradually, the separation of soul and body taking place some time after the man is usually said to be dead.

That there exists a longer or shorter period of life between the actual moment of death and that ordi-

narily supposed to be indicated as such by certain symptoms is generally admitted. Laborde, speaking of this, says: "Between the moment at which the external signs of death supervene, by the suspension of the functions essential to the conservation of life, such as respiration and circulation, and the moment at which the spark of life is totally and finally extinct, there is a period of latent life of greater or less duration, dependent upon the nature of the causes inducing death. During this period the functional properties of the tissues and organic units persist and survive; and these, stimulated into activity by appropriate means, are capable of reviving either momentarily or definitely the functioning of the entire system." [9]

In a communication read at a session of the Academy of Medicine of Paris, January 23, 1900, the same Dr. Laborde said: "At the death or extinction of the vital functions of an organism two successive phases present themselves. During the *first* the chief functions essential to the sustaining of life, respiration and circulation, are suspended; but there still persist in a latent manner, without *external* action or manifestation, the functional properties of the tissues and of the organic elements. During the *second* phase these functional properties are eliminated and disappear, but in a fixed sequence which experiment

[9] Laborde: *Les tractions rhythmées de la langue,* p. ii. Paris, 1897.

shows to be the following: the *sensitive* property disappears first, then the *nervous motor* function, and lastly *muscular contractability.*" [1]

"It is shown by observation and physiological experiments," says Dr. D. Coutenot of the Medical School of Besançon in the *Études Franciscaines* (January, 1901), "that death does not take place in an instantaneous manner.[2] The organism dies progressively. Death may be brought about diversely, according to circumstances, and according to the peculiar nervous and vital qualities of the individual; but it always takes place progressively." [3]

This conclusion is unanimously affirmed by the Medical Academy of SS. Cosmas and Damian of Barcelona, as we shall see presently. It is also the doctrine of D' Halluin in *La Resurrection du Cœur,*[4] of Capellmann in his *Medicina Pastoralis,*[5] of the theologians

[1] *Bulletin de l'Académie de Médicine, séance du 4 Janvier, 1900, p. 64.*

[2] This means of course that the manifestations of life do not cease simultaneously; but if by death we understand the final and absolute separation of soul and body, then death is instantaneous.

[3] The same ideas had been expressed by Dr. Coutenot in a communication addressed to Dr. Laborde, as may be seen in Laborde's book, *Les Tractions Rythmées,* p. 167.

[4] Page 96. "We must admit therefore as a conclusion that between the moment when a person has drawn the last breath and the moment when the phenomena of molecular disintegration indicate death, there exists an intermediate state — important to know — a sort of *latent life.*"

[5] P. 178 (2d Latin edition).

already referred to,— Villada, Génicot, Noldin, and Canon Alberti.

"Death never comes at a leap," writes Icard in *La Presse Médicale,* "life is extinguished slowly, gradually, even then when death is sudden, as we sometimes call it. That intermediate state between life and death exists always; it is a normal, physiological state, through which we all pass in departing from life."

The existence of this period of latent life becomes every day more certain, owing to the many cases in which persons have recovered all their vital functions and regained perfect health after manifesting every external sign of death — failure of respiration, of pulse, of heart-beat, etc.— even after experts had been deceived into thinking them dead.

In such cases there is no question of a miraculous resurrection. We have only to realize that animation, although not exteriorly noticeable, still lingered in the more intimate parts of the body, and that the body in consequence was still informed by the rational soul. This latent life reasserts itself and restores the external functions when once the obstacles that impede its activity are removed. If these obstacles are not removed, they finally bring about real death. On this subject consult D' Halluin (p. 87, etc.).

The physiological reason why life still lingers in the more intimate parts of the organism after the cessation of respiration and circulation, is that the cells

and tissues that make up the organs have suffered no lesion that prevents their functions. They still possess the means necessary for their vital action, such as oxygen, nutritive substances, etc. And thus, although they must surely perish from inanition unless furnished by respiration and circulation with new elements for maintaining their life, they will nevertheless continue meanwhile to live at their own expense, as it were, on the organic reserve-fund they have stored up. This state is certain to last until the reserve gives out, or the main vital functions are reëstablished.

It follows that the more healthy and robust and the more supplied with vital nourishment the tissues and inner organs are, the longer will latent life remain in them. This we see in cases of death by asphyxia, by drowning, or the like, in which the organs and tissues are uninjured, and so remain well equipped with the means of life, with an abundant organic reserve. In these cases therefore we find that the condition of apparent death is frequent, and may be of long duration. On the other hand, in cases of severe sickness the whole organism in general and all the organs, tissues, and cells in particular are gradually weakened, and thus consume their organic reserve-fund. Thus, after the stoppage of the principal functions of respiration and circulation in these weakened subjects, life departs much sooner, since the tissues have already consumed their vital nutritive supplies.

We cannot refrain from adding here a few paragraphs taken from the work of Dr. Viader y Payrachs, which clearly show that the opinion we are maintaining had found favor in Spain as early as the eighteenth century.

"The absence of pulsation and of respiration, with frigidity of the body added to these signs, was in past ages held to be a certain indication of death. Now, however, experience testifies to the contrary, and a distinction is made between real and apparent death. How a person may remain alive for some time without respiration and pulsation and to all appearances seem a real corpse, is a question we must now attempt to answer. Galenus among others maintains that there remains in the heart an imperceptible quiver, which supports a very feeble respiration and a slight movement in the humors. Other physicians go so far as to affirm that the connection between the circulation of the blood on the one hand, caused by the movement of the heart and the vascular system, and of life on the other, is not so indissoluble that on the cessation of one the other instantly ceases. This statement needs a word of explanation.

The union of soul and body may remain undisturbed, even if the blood does not actually course through the arteries, provided the conditions are such as to make the restoration of the blood's circulation possible. If, however, not only the blood has ceased to circulate, but all the natural dispositions necessary to renew the circulation, such as the elasticity of the solids and fluids, are destroyed, then all union between soul and body is hopelessly severed.

When all impediments are removed, these dispositions of elasticity, tension, and flexibility of the solid constituents of our body are sufficient to restore the actual circulation of the blood. On this slender thread the union of soul and body is supported. Hence it follows that sentient life in which the exterior or muscular action is exercised, resides in these dispositions of nature, at least as in a motor force. Hence, too, these dispositions will sustain and preserve the very principle of life, although impediments may thwart its action, until one by one they have fallen into corruption, and thus have been rendered unfit to restore the circulation of the blood. Who fails to see that time is required for a dying person, especially in case of sudden death — as is the general rule with abortives — to arrive at the real terminus of life?

In fever patients nearly the entire human organism is wasted away by the fierce inroads made by the disease. And if in these patients we see that internal motion still continues even after the last gasp for breath and the last throb of the pulse, until indeed the solid mass, because of corruption in the fluids and stagnation in the chief viscera, is destitute of elasticity and power,— may we not suppose that the soul will tarry in the body for a much longer period in case of asphyxia and sudden death? We find no difficulty in conceiving how the heart continues to beat faintly; but besides that it is certain that the entire human body and especially the motor organs of the dying are left intact. The solid mass preserves for a considerable period its own elasticity, to restore if possible the advancing and circular motion of the bodily fluids. These

latter themselves remain for some time without the least sign of corruption. The cause of this sudden death may not have been at work for more than three or four hours, and perhaps may have only fettered the animal spirits and held them in suspension.

The practical conclusion to be drawn from the foregoing is that so-called sudden deaths are often mere temporary overshadowings of life or checkings of the vital motions, capable of restoration by those aids which overcome the obstacles." (*L. c.*, pp. 179–187.)

RESOLUTIONS OF THE BARCELONA ACADEMY.

In this connection it will be interesting to quote the two following resolutions of the Barcelona Academy:—

"Resolved 3. Facts have demonstrated that a man can be revived after remaining for hours in a state in which all signs of life have disappeared, such as consciousness, speech, sensibility, muscular movement, respiration and beatings of the heart. This state may logically be called apparent death. (*Approved unanimously.*)

"Resolved 4. The state of apparent death described in the preceding paragraph is more frequent and of longer duration in the case of those who are stricken by sudden death, or by an accident; but it is very probable that a similar state is brought about for a longer or shorter time in the case of all men, even those who die of a common sickness, whether it be acute or chronic. (*Approved unanimously.*)"

It would appear then that during this period of latent life, by employing appropriate methods for the reëstablishment of the principal functions, all the other functions of life may be made to reappear for a shorter or longer time, and in not a few cases the restoration of the patient to complete or perfect health be attained. To this end various methods are in use, among which a distinguished place must be given to "rhythmic tongue-tractions," introduced by Dr. Laborde. We shall return to this subject later, and give a complete explanation of this important method of resuscitation. See Section IX, and Appendix (1).

The same ideas are expressed by Dr. Coutenot in his article on *Apparent Death and the Last Sacraments.* "In spite of the outward signs, death is nevertheless only apparent. The organism, dead in its other parts, lives within through the persistence of the functional properties of the tissues, which persistence may be utilized to fully restore life; or else these functional properties disappear, and then death is *real.* The duration of the first phase of death is more or less prolonged according to the causes in operation. Apparent death is therefore a morbid state which demands medical assistance and treatment until a sure sign of real death appears. In presence of death more or less recent we can not therefore know for certain whether or not a trace of life still remains." [6]

[6] *Études Franciscaines,* l. c., p. 44, etc.

IV.— THE SIGNS OF DEATH.

Besides putrefaction and, perhaps, cadaveric rigidity, there is no symptom that is a positive indication of death.

We have seen that life remains in the body some time after what is commonly called the "moment of death," and that the Sacraments may be safely administered to a person during this period of latent vitality. The question still remains: How can we, at least approximately, diagnose the actual termination of this period of latent vitality? This involves a twofold inquiry: first, as to whether there is a sure indication of actual death; and secondly, whether there is any sign in an apparently dead body which would serve as a sure indication of the continuance of life.

As regards the first question, it may be safely asserted that, with the exception of the general mortification of the organism, and perhaps cadaveric rigidity, no absolutely positive indication, applicable to every case, exists.

The Paris Academy of Medicine recently offered a premium for the demonstration of the existence of such an infallible sign; and although 102 monographs

were submitted, the prize was not awarded. The signs alleged were considered to be too uncertain.[7] Even among the ancient Greeks, as Zacchias relates,[8] it was observed that the ordinary signs of death were not to be relied upon as indicating actual cessation of life. "Admirationem quidem praebere potest illud quod Democritum proposuisse narrat Celsus (suae Medic., lib. 2, c. 6) nimirum ne finitae quidem vitae satis certas notas esse, quibus medici credidissent. Itaque si etiam mortui hominis signa conjecturalia sunt, possunt nos aliquando decipere et vivum pro mortuo, mortuum vero pro vivo nobis imponere."

The reason of this is that by the indications spoken of we merely ascertain in general that the principal functions of respiration and circulation have ceased; but, as we have seen, a man may in spite of this fact continue to live for a shorter or longer time without exhibiting external signs of life. "If in the cases wherein circulation is suspended," says Dr. Blanc, "the vital functions of cell-life still continue by reason of the living energies of the soul, although they have ceased for the time to renew their reserve materials, what reason is there for assuming that the soul has left the body when the phenomena of circulation

[7] Dr. Coutenot: *Études Franciscaines*, l. c., p. 43.
[8] *Quæst. Medico-Legales*, L. IV, tit. 1, q. 9, n. 54.

and respiration cease at the instant of what is ordinarily called *death?*" [9]

Beclard in like manner writes: "The apparent cessation of the action of the brain and the suspension of the respiratory movement may sometimes set in, although life has not necessarily ceased." [1]

Moreover, we can hardly know with any degree of assurance whether these principal functions have actually ceased, since at times they continue to be exercised in a manner so delicate and subtle as to escape the senses of the keenest observer. It may be opportune to cite here the testimony of Zacchias, who says: "Respective ergo ad nos, et sensum nostrum, homo potest absque ullo sensu et motu etiam pulsus, et respiratione vivere ita ut vere a mortuo vix, ac ne vix quidem dignosci valeat." [2] In the same sense Dr. Blanc writes: "Little importance can be attached to the candle or mirror test for determining the presence of respiration; we may say the same of the practice of placing a vessel of water on the abdomen, for the intestinal gases may communicate to the water movements that are deceptive." [3] "There exist," says Icard in this connection,[4] "many clinical facts which tend to show that the heart may continue its functions, though

[9] *El Criterio Católico en las Ciencias Médicas,* p. 171.
[1] *Physiologie,* Paris, 1866, p. 1216, Sect. 427.
[2] Zacchias, l. c., n. 45.
[3] Dr. Blanc, l. c., p. 201.
[4] *La mort rêelle et la mort apparente,* p. 89. The same

the most experienced ear may be unable to detect a sound, by means of auscultation." Dr. D' Halluin, in a work recently published, mentions the fact that "Kuliabko cites Rousseau's experience, who detected the beatings of a human heart twenty-nine hours after death" (*i. e.*, after the moment commonly called death.)[5] Finally Dr. Blanc tells us: "In practice cases often occur — and authors mention not a few — of persons returning to life after a period considerably longer than is indicated in the books, during which an expert could not perceive the beating of the heart. This is true not only in cases of apparent sudden death, but even in cases of protracted sickness, after the final agony."[6] See also Beclard, Surbled, and many others.[7]

This explains the occasional fact that medical men of much experience, after having employed auscultation for more than an hour without perceiving the slightest heart-beat or any sign of respiration, and concluding

author in the article already referred to from the *La Presse médicale,* writes: "Apparent death is characterized by such a diminution of all the functions as to exhibit no appreciable sign indicating that they have fully ceased. Hence it need not surprise us that frequent errors arise from a neglect of this condition of latent life, causing persons to be burnt or buried alive, and thus to die a more frightful death."

[5] *La résurrection du cœur,* Lille, 1904.

[6] L. c., 204.

[7] Beclard, *Physiologie,* l. c.; Surbled, *La vie organique,* l. 4, c. 6.

that they were dealing with a dead body, have proceeded to an autopsy, only to find, on opening the breast, that the heart was still beating, and that in consequence what they thought to be a corpse was actually a living being.[8] "Not even the test of uncongealed blood has any absolute value as a criterion," continues Dr. Blanc (l. c.), "since there are sick persons, cholerics for instance, whose blood will not flow on pricking a vein."

The learned Benedictine, Padre Feijoo, in the eighteenth century, stated all these difficulties in the following words: "No one knows what the final action is that the soul exercises in the body, nor what is the disposition essentially required on the part of the body for the union of the soul with it. Not knowing these things, it is impossible to know the precise moment when a man dies. A human body is before us, let us say, whose faculties have gradually lost their activity until the limbs begin to look absolutely lifeless — no respiration, no color, no sensation, no motion; all we can say is that the soul is not exercising in that body any operations perceptible to our senses. May we conclude that it is putting forth no activity, vital or animal, in one or more of the inner organs? . . . You tell me that when the flow of the blood and the heart's movements stop, life has ceased. But I ask you whence you know this, since you have no

[8] See Icard, l. c., p. 90.

means of ascertaining the fact, unless God reveals it to you by an angel or by some other means. We can only say that no vital operation perceptible to the senses is going on. . . . In the second place, I say that while the blood remains in its liquid state, there is no certainty that circulation has ceased; although it may be so slight as to be imperceptible. It may be that merely the more subtle and active particles continue to circulate, while the grosser remain inert, and this would suffice to preserve life. I say the same concerning the movement of the heart." [9]

Icard supposes [1] that life at once ceases when the heart's beating is arrested, but that the beats are often so faint as to be imperceptible by auscultation. Hence we must have recourse to cardiopuncture, or certain injections of coloring matter, or to direct examination of the heart.[2] Many experienced physicians have endorsed this statement. When it is once definitely as-

[9] Feijoo, *Señales de muerte actual,* ed. Rivadeneira, p. 252, sect. 4.

[1] L. c., p. 2, c. 1, etc.

[2] *Cardiopuncture* consists in driving a long and slender pin through the breast, over a person's heart; if the heart is beating, the pin is seen to move, but not otherwise. We may also ascertain whether or not the heart is still beating by cutting the breast open and laying the heart itself bare. It goes without saying that these operations are exceedingly dangerous, and that scarcely any family will allow them to be performed in the case of its own members.

For the same reason the treatment known as "massage of the heart" will always be impracticable. In this operation

certained that the heart actually stops, then we may take it for granted that death definitively supervenes. This is the unanimous opinion of such men as Drs. Viault, Folyet,[3] Surbled, and the majority of professional men to-day.[4] But Dr. Coutenot affirms that "after the stopping of the heart, life persists for a certain variable time, the duration of which experiments will some day determine."[5] Laborde[6] seems to favor the same opinion.

More than a century ago the same view was held by Dr. Barnades. "Daily experience," he says,[7] "clearly proves that some time before actual death, the beating of the heart and the pulse of the dying are not noticeable. What is more remarkable still is that some patients do not die, but later regain the full use of their senses and recover. . . . The simple fact moreover that the action of the heart — and as a necessary

the chest is opened, the heart is rhythmically manipulated until it vibrates and performs its customary functions. Thus the circulation of the blood is restored, and the spark of life rekindled through the entire organism. Another massage treatment sometimes adopted is the following: the stomach is opened, and the massage is applied below the diaphragm. This treatment, mentioned by D'Halluin (l. c., p. 99, etc.), has not yet been perfected, nor does it meet with success except at the hands of skilled physicians.

[3] *Fisiologia,* Spanish translation by Dr. Corominas. Barcelona, 1900, p. 850.

[4] Surbled, *La vie organique,* l. 4, c. 6.

[5] Cited by Dr. Blanc, *El Criterio . . .* , p. 207.

[6] As previously quoted.

[7] L. c., part I, p. 101.

consequence that of the arteries and the blood — is held in suspension, by no means establishes actual death. This statement may seem somewhat strange; yet it has found strong advocates in Frederick Hoffmann, Boerhaave, Haller, Gorter, and Stevenson, all eminent authorities on human physiology." Moreover, Dr. Blanc [8] and the greater part of the doctors of the Barcelona Academy hold that there may be a condition of life in which the soul continues to inform the body, and prevent its corruption, without performing in it any other vital action. "It is not contrary to any known laws of nature," says the first of the above mentioned conclusions of the Academy, "that a man should continue for a longer or shorter time to live, without any vital operation. This is known to happen in the case of certain inferior animals and of plants during winter. But science does not possess the means to demonstrate how this condition at times obtains." (*Approved by the majority.*)

Other apparent indications of death do not give us any more certainty than those already discussed. "One of the signs generally assumed to be of great value," says Dr. Blanc, "is the appearance of livid spots or markings in those parts of the body whose relative position happens to be lowermost. But here we confront the difficulty that in those who die of hæmorrhage, the signs in question present themselves

[8] L. c., pages 136, 137, 172, 197.

late and in a scarcely discernible manner, and that in choleric persons they appear even before death." [9]

These marks called "cadaveric" usually appear between eight and fifteen hours after death; but in not a few instances they have been noticed in the case of asphyxiated persons who later recovered perfect health.[1]

Admittedly still more dubious are the indications drawn from the *countenance* of the patient, the death-stare, etc. Hence we need scarcely delay upon their consideration here. "Some may argue," writes Dr. Blanc,[2] "that in the course of the last agony a moment arrives when such a radical transformation occurs in the facial appearance of the dying person that the watchers about the sick-bed unanimously agree that 'all is over.' This change, however, is by no means a sure indication of death, since it is due to a contraction or relaxation of the muscles caused by the sudden suspension of the movement of the heart,— whereby, the pressure of the blood being released, there ensues, as in all syncopes, a contraction of the arteries of the head, causing sudden pallor, etc. This notable change is thus reduced to muscular contraction and relaxation, and, as we have explained, it cannot be positively taken to be an indication of the final moment."

As another certain sign, "death-rigor" is often ad-

[9] L. c., p. 207.

[1] Capellmann, *Medicina Pastoralis,* p. 183 (ed. 2a latina).

duced; but it has the serious disadvantage of being confounded by all who are not medical men with the rigor that comes upon those suffering from attacks of spasms, asphyxia, tetanus, etc. "Evidently," says Icard,[3] "cadaveric rigidity may be confounded with other pathological states of which we have spoken, and give rise to regrettable errors; although we believe it to be an indication which may be greatly relied upon by an experienced physician."

It is reasonable therefore to conclude with Beclard (*l. c.*) that no sure sign of death, besides that of putrefaction, has as yet been discovered: "Putrefaction is *par excellence* the sign of death; one may even say that no other is required." The same is the teaching of D'Halluin.[4] Dr. Letamendi comes to the same conclusion in his *Curso de Patología general:*[5] "No one can affirm that death is real until the store of energy that constitutes the reserve fund of the subject *in extremis* has been exhausted, permitting the action either of mortification or of some other cause of alterations impeding the continuance of vitality." Even here, however, in cases of gangrene, and of newly-born infants apparently dead, it is easy to mistake the first signs of putrefaction for other symptoms, and to consider as dead one who is still living.[6]

[2] L. c., p. 207.
[3] Icard, l. c., p. 25.
[4] L. c., p. 87.
[5] Vol. III, p. 223, Madrid, 1889.
[6] Dr. Goggia, *Cosmos,* v. 44, p. 147.

With good reason, therefore, does Fr. Villada write:[7] "It is evident also that no other signs of certain death can be found applicable in every case than *cadaveric rigidity and putrefaction,* not precisely in their incipient condition, but when in a somewhat advanced stage. To these may be added the absence of contractility, or muscular reaction under galvanic influences; for if no indication of sensibility can be obtained by the proper appliance of the electric machine, we have more than a probable indication that there is no longer any muscular tension, which ordinarily ceases about three hours after real death.[8] Other signs that are ordinarily given, such as pallor of the body, corpse-like appearance of the features, absence of blood-circulation and respiration, cessation of the so-called vital warmth, even the cadaveric spots, and the glassy stare of the eyes, broken or obscured, offer nothing surer than a *merely probable* or at the most a *very probable* indication of death. Moreover, since it is exceedingly difficult to distinguish the cada-

[7] *Casus,* v. 3, s. 7, p. 235, ed. 1a. -

[8] According to Icard, p. 20, the failure of contractility is noticed from one and a half to twenty-seven hours after the moment usually counted as death; the average time, however, is about five or six hours. Dr. Blanc (l. c., p. 201) states that contractility lasts from seven to eight hours after the moment usually called death. Only a skilful operator can pronounce on the presence of death with merely this sign to guide him, as a mistake is easily made in the use of the instrument.

veric rigor (which, according to Capellmann, makes its appearance between one and twenty-four hours after death and lasts from six to forty-eight hours) from the rigor of spasms, asphyxia, tetanus, and convulsion — a rigor which in some diseases sets in before death — we have practically no other sure test of actual death than mortification, which generally sets in about three days after death." The same doctrine is clearly indicated by the Italian Dr. Goggia,[9] by Dr. Coutenot (*l. c.*) and others.

Testimonies to the same effect might be multiplied; but we deem it sufficient to conclude this chapter with the following important resolutions, approved *unanimously* by the Academy of SS. Cosmas and Damian.

"*Resolved 7.*— The opinion of Brouardel which maintains that we possess no sign, or combination of signs, to determine with scientific certitude the moment of death, is correct.

"*Resolved 10.*— The so-called cadaveric rigor commences at a time more or less removed from the instant of what is commonly called death, as its appearance is influenced by the disease or lesions that caused death, by the surrounding temperature, etc. A statistic study by Niederkorn has shown that in two-thirds of the cases examined rigidity set in from two to six hours after the so-called instant of death; after twenty-five hours it is completely established, and after thirty-six or forty-eight hours it disappears.

[9] *De Cosmos,* l. c., p. 145.

"*Resolved 11.*— *Before the appearance of putrefaction, no indication or combination of indications* exists that will establish with *absolute* certainty the presence of death.

"*Resolved 13.*— The greenish hue of the abdomen, which as a rule appears as the initial mark of mortification, presents itself more or less promptly, according to the medium surrounding the body, and the external temperature, and in case of newly-born infants, according as they have breathed or not.

"*Resolved 14.*—Generally, after twenty-four or twenty-six hours have elapsed from the so-called moment of death the signs of mortification become unmistakable, and putrefactions appear more quickly during the summer."

As was stated in a former paragraph, many methods of treatment have been introduced for restoring signs of life to those who apparently are dead, chief among these being *rhythmic tongue-tractions,* of which Dr. Laborde is the known originator. It has the double advantage of bringing back to life those who are only seemingly dead, and of in a certain measure demonstrating, otherwise, the certainty of death. To this end the tractions must be continued without any interruption for at least three consecutive hours,— the time being doubled or tripled to make assurance doubly sure. This is Dr. Laborde's opinion, as can be seen from the following address made before the

Paris Academy of Medicine in its session of January 30, 1900.[1]

"The systematic application of this procedure is not only the most powerful and effective means of restoring the cardiac respiratory functions, and consequently of restoring animation, in all cases of asphyxia and seeming death; but by its negative action, *i. e.*, by its fruitless application for an average period of three hours after apparent death, it constitutes a certain indication of real death. To confirm this certainty beyond doubt, and establish the impossibility of reanimation, a continuation of this method may and can be carried on beyond the given time-limit, by doubling or tripling its duration."

[1] *Bulletin*, p. 105.

V.— CASES OF SUDDEN DEATH.

In cases of sudden death the period of latent life probably continues until mortification begins to manifest itself.

The principal and most serious point of our discussion still remains to be established, namely, the length of time a man probably continues to live after the moment death appears to have set in.

Since data are more abundant and definite in cases of sudden accident and violence, whether they are brought about by external or by internal causes, such as drowning,[2] hanging, death by electric shock, by hæmorrhage, epilepsy, hysteria, strokes of apoplexy, cholera, intoxication, poisoning, plague, etc., we shall begin our examination with these, reserving for the

[2] In regard to drowned persons Dr. D'Halluin writes: "They are classified as *livid* and *white*. In the former only does the water fully penetrate into the lungs, and produce rapid asphyxia. The latter sink into a fainting state which continues for quite a long time. When, fortunately, this state sets in during the first moments of drowning, it prevents the water from entering the lungs and facilitates return to life, even after the lapse of some time. A dropping of the glottis produces the same effect in all drowned persons. If they have not remained under water very long, life can be restored even one hour after the accident." (L. c., p. 34.)

last portion of this section all cases of death by lingering illness.

Examples of persons stricken down by some sudden accident who have been reanimated and restored to perfect health after remaining for hours in a state of apparently certain death, are so numerous that no indication of death other than mortification is admitted in our day in their regard. Before this sets in we cannot be certain that death has really occurred, and consequently it is probable that life still exists; or at least death in such instances is doubtful. It follows that during all this interval absolution can be given *sub conditione,*— that is, until putrefaction has begun to manifest itself.

Zacchias has recorded in his *Quaestiones Medico-Legales*[3] cases of persons apparently lifeless as a result of some sudden attack of disease, being fully reanimated, and this after the patients had remained seemingly dead for two or three days. To-day such cases are very frequent, because scientific processes have been invented and are now made use of for this very purpose. Professor Witz, of the Catholic University of Lille, France, relates several instances of men who had apparently been killed by an electric discharge, and were restored to life after an *hour and*

[3] L. I., tit. 1, p. 11, n. 32.

a half or even *three hours* of incessant efforts in their behalf.[4]

At the session of the Paris Academy of Medicine January 30, 1900, Dr. Laborde related the case of a person who had remained under water for ten minutes, and who on being drawn out was to all appearances dead. Rhythmic traction of the tongue was then applied to him for the space of three consecutive hours, when he at last gave signs of life, and fully recovered.[5] But a more remarkable instance is that accredited to Dr. Sorre, who was able to resuscitate a person who had been drawn from the water an hour before, apparently dead.[6]

Indeed periods of even longer duration are on record during which this latent life is known to have remained in the seemingly dead body. So the *Cosmos* for the year 1903[7] tells of a soldier who had hung himself and who was brought back to life, after eight hours of uninterrupted tractions of the tongue. And Dell'Aqua, by means of an electric instrument of his

[4] *Revue des Questions Scientifiques,* v. 47, p. 475, etc.

[5] *Bulletin de l'Académie de Médicine,* séance du 30 Janv., 1900, p. 99–100.

[6] Laborde, *Les Tractions,* etc., p. 19. Dr. Barnardes, l. c., p. 226, mentions several cases of persons who had been *submerged beneath the water* for fifteen minutes, twenty, minutes, two hours, and even sixteen hours, etc. When these persons were removed from the water they were to all appearances dead; yet they were restored to life and even to perfect health.

[7] *Cosmos,* v. 48, p. 256.

own invention, the *bioscope,* found a man to be alive who had lain dead, as it was thought for forty-four hours.[8]

But it is not merely by hours, but by days that this latent life is at times to be reckoned. "Innumerable," Dr. Blanc assures us,[9] "are the instances of soldiers wounded on the battle-field, and apparently dead from hæmorrhage, who are known to have returned to life, after lying for *two, four* and even *twelve days,* in this state of seeming death." [1]

Dr. Laborde, in his work *Les Tractions Rhythmées* relates not less than 189 cases of persons, drowned, hanged, asphyxiated, struck by lightning, etc., who since 1897 had been reanimated by means of rhythmic tractions. Of these revivals a large number occurred after many hours of apparent death. Other instances of the same nature are mentioned by Icard, the res-

[8] Goggia, l. c., p. 148.

[9] L. c., p. 138.

[1] As early as the days of Plato we find records of this. In his *Politeia,* Bk. X, n. 30, he tells us that Er, the son of Armenius, a native of Pamphylia, had been wounded in battle and left for dead upon the field. At the end of ten days he was found without any signs of corruption, lying side by side with the corpses that were all in a state of complete decay. Er was taken to his house; but as no signs of life were apparent, he was placed upon the funeral pyre. Here, after having lain in a state of apparent death for twelve days, he returned to life. (*Edition* Didot, Vol. II, XXXVII of the Collection, p. 190. Paris, 1900.)

toration being at times spontaneous, at times the result of various treatments.

On this point, therefore, we can hardly admit any great difficulty in our days, and the conclusion which we expressed at the beginning of this chapter may be deduced clearly and logically from all that we have hitherto said. Fr. Villada, in the place already quoted, says on this point: "Si agatur de illis morbis asphyxicis, etc. [that is, in cases of sudden accidents], puto idem faciendum esse (*i. e.*, licite conferri posse et per se etiam debere sacramenta poenitentiae sub conditione —'si capax es, vel si vivis et dispositus es,' etc.) donec per putrefactionem aut defectum irritabilitatis ope machinae electricae probatum, vel alio forsan modo peritus medicus declaret certo et indubitanter mortem contigisse." Alberti affirms the same. And Fr. Feijoo had long ago written of persons who are seized by sudden death: "They should therefore be absolved conditionally even though not merely *two,* but even *ten, twelve,* or more hours have elapsed." [2]

Let us conclude this paragraph with the words of Professor Witz: "When the body appears to be dead, when all indications lead us to believe that we have before us but a lifeless clod, the helps of religion may still come mercifully to the aid of one who is actually living. Experience has confirmed the

[2] *Señales de muerte actual,* X, l. c., p. 257.

principle that, in cases of drowning, hanging, or death by lightning, *we must disregard all appearances, and act as if the subject were still alive.*" [3]

[3] *Revue des Questions Scientifiques,* l. c., p. 475.

VI.— DEATH AFTER PROLONGED SICKNESS.

The probable period of latent life in those who die of a prolonged sickness lasts at least half an hour.

We now come to the most controverted and obscure point in our discussion, viz., the determination of the probable period of latent life in those who die of an illness more or less prolonged. In these cases the duration of latent life is much shorter than in cases of sudden death, as already explained. It is clear too that the precise period is very hard to determine.

Not infrequently, after such patients have breathed their last, it may be possible for the doctor to state with moral certainty that, although they be still alive, they must surely die within a short period; for it may be physically impossible for them to regain health. Yet even here it may baffle the most skilled physician to assign the precise moment at which, after the last breath, the separation of soul and body actually takes place or may ensue. But this separation and this alone terminates the period of latent life.[4]

[4] "We can say," remarks Goggia, "that when a physician has noted in an individual a great number of signs or phenom-

Capellmann [5] extends this period for some minutes, without however determining the exact time. Fr. Villada (*l. c.*) whom Fr. Noldin and Canon Alberti cite and follow, believes that the time may be set down at about six minutes. Even in the seventeenth century, according to the testimony of Fr. Lacroix (*l. c.*), there were some doctors who believed that this period lasted a quarter or half an hour; and in the eighteenth century Fr. Feijoo expressed the opinion that the period extended to half an hour. Our own opinion is that the time lasts for at least half an hour, nor would we dare to condemn those who should extend it even farther.

The reasons upon which we base our conclusions can be reduced to three classes:

A — That the period of latent life lasts at least half an hour.

Our reasons of the first class are corollaries of what has been already established. Suppose that a person sick of some ordinary disease has called for a confessor. There was perchance some negligence on the part of the family, or the priest was absent, and when

ena characteristic of death he may in perfect good faith pronounce his judgment on the *impossibility of a return to life and to consciousness*,— expressions which are far more exact than those commonly employed to indicate the state of death, since we can make no pretense to know the precise moment at which our soul leaves its material habitation." *Cosmos*, V, 44, p. 148.

[5] L. c., p. 178.

at length he arrives, the person has breathed his last half an hour or perhaps three-quarters of an hour before. Is there sufficient reason for him now to doubt whether the man be dead or alive? We believe there generally is. The argument is plain: it is certain that this man was once alive; it is not certain that he has died; for there exists no sure evidence of death. The conclusion to be drawn is evident. We suppose, of course, in the present case that neither putrefaction nor even cadaveric rigidity is clearly indicated.

It is moreover a doctrine commonly accepted in our days, as we have already shown, that after the moment commonly designated as that of death, a person may continue to live for some time. This time no doctor has been able to limit with certainty to a period less than half an hour, or even less than three-quarters of an hour. We must, therefore, admit as practically doubtful in the case proposed, that the person is actually dead. It may be added that at least some slight probability — to say no more — exists of his still being alive. Whence we conclude that the last Sacraments can and should be administered to him. "As long as there is no certainty," writes Fr. Feijoo, "we must doubt; and where we are forced to doubt whether the subject be alive or dead, absolution is to be given conditionally." [6]

[6] *Señales*, etc., Sect. 10, l. c., p. 257.

The maxim of Dr. Icard [7] is well to the point: "It is better to treat a dead man as though alive than to hazard treating a live man as if he were dead." Certainly, if this is a prudent maxim for the doctor in his responsible office, it is much more so for the priest in his sacred functions.

B — That the period of latent life lasts longer than half an hour.

Most notable cases of persons sick of an ordinary illness are related which prove that this period lasts longer than half an hour.

Dr. Cirera gives testimony of a case of this character in the records of the before-mentioned session of the 15th of January, 1903. The minutes read:

"For his part, he believes that Extreme Unction can and should be administered after death — taking the word in its ordinary sense — and that the custom generally observed in such cases can not be approved; namely, that if the sick man has breathed his last before the priest arrives, those in charge consider him as dead and treat him accordingly. Notice, too, that he does not refer to cases of sudden accidents, nor does he include the drowned and those struck by lightning; for in these cases it is well known that they are sometimes resuscitated after many hours of apparent death. But here he refers to those who die after passing through the *ordinary* stages which *griev-*

[7] L. c., part 3, c. II.

ous sickness induces, where people are too easily inclined to admit the presence of death.

"In support of his views, he cites the notable case of a woman thirty-two years of age who had been afflicted with double pneumonia and pericarditis with hæmorrhage, and had apparently died after an agony of some two hours. After about fifteen minutes of artificial respiration applied to her, the heart-beats, which had entirely ceased, again became perceptible; respiration set in anew, and though it was very difficult for her to free herself from the bronchial mucus, she recovered her speech before sight returned. At the end of about two hours she had relapsed into the same state of imminent danger as before; her intellectual faculties, however, remained continuously under control. She died twenty-four hours later after passing through an agony similar to that of the previous day.[8]

"Before this incident Extreme Unction had been administered to her. The doctor relates this case because of its special appositeness. For if in a sickness which so directly affects the operations of the lungs and of the heart, the patient not only remained alive but was able moreover to recover even the use of all her functions, the conclusion is forced upon us that life would for some time have remained, even

[8] The account of this session, which we owe directly to the courtesy of Dr. Cirera, and which we publish in our *Casus Conscientiae* (Gury-Ferreres, v. 2, nn. 1199 and 1217), substantially coincides with the printed report here copied; it reads: "At the end of about two hours she recovered all her faculties, remaining in a state of imminent danger, which continued until the following day, dying, etc."

though nothing had been done. So in other cases of sickness when exterior vital manifestation ceases, we may take it as probable that the same thing occurs.[9]

In a communication of Dr. Coriton to Dr. Laborde the following case, which occurred on February 27, 1893, is given:—

"A woman, according to the diagnosis of various doctors, was afflicted with a tracheo-bronchial adenopathy, probably of tuberculous origin, to which were added several attacks of suffocation. At five o'clock on the morning of the day mentioned the attack was so violent that Dr. Coriton was called to give her some relief; but before he could arrive at the house he was told that she had already breathed her last and was dead. He found her in fact livid, inert, without any respiration, without pulse, without heart beatings.

"To the surprise of the bystanders, Dr. Coriton began the rhythmic tractions of the tongue upon what seemed to a certainty nothing more than a dead body, and continued these some 35 or 40 times a minute. The pallor gradually began to disappear from the cheeks and from about the nose, then followed a slight movement in the nostrils, each time more accentuated; after five minutes a slight breathing was noticeable, to which succeeded others deeper than before, whilst the thorax could be seen to rise at intervals. After half an hour or so, heart-beats began to be noticed, the pulse reappeared, the sick person recovered a slight sensibility, and the respiration became regular. An hour and a half after he had arrived the doctor re-

[9] *Criterio*, etc., l. c., pp. 237, 238.

tired, leaving the sick person tranquil and with all the manifestations of life. She had entirely recovered from her state of apparent death. The parents of the sick woman, and especially her husband, says Dr. Coriton, were stupefied and did not know how to recompense me. I myself, he adds, was somewhat astonished, because I had not believed in the possibility of such a resurrection.

"The sickness ran its course, but the invalid lived more than three months, dying on the 29th of May of the same year, 1893." [1]

Dr. Coutenot also gave an account to Dr. Laborde of another case which occurred in the hospital of Besançon, on May 10, 1893. That day, at 10 o'clock in the morning, Dr. Coutenot received word of the death of Jeanne Govignon, a girl thirteen years old, who seven days previously had entered the hospital suffering from an attack of cephalo-meningitis of long duration. Dr. Coutenot arrived at the bed of Jeanne three or four minutes after she had breathed her last. He found her with all the signs of death: the face livid and the extremities of the body slightly blue, the head inclined toward the right shoulder, saliva had gathered about the lips and the pupils of the eyes were dilated; she was without respiration, without sensibility, without movement in the heart, without pulse. Nevertheless Dr. Coutenot resolved to employ rhyth-

[1] See Laborde, *Les Tractions rhythmées de la langue,* pp. 168–171.

mical traction, and he soon began to notice signs of life, the disappearance of the blue color, slight movements of the nostrils, faint guttural noises and weak thoracic tremblings.

In the course of twenty minutes respiration was reëstablished, the movements of the thorax and of the abdomen became normal, and cardiac pulsations could be perceived by placing the hand over the precordial region, the two sounds could be distinctly heard, and the pulse, though feeble, reappeared. All these manifestations of life, however, soon began gradually to disappear, in the reverse order of their coming, even though the rhythmic tractions were continued.[2]

This instance, like that of Dr. Cirera, clearly proves that even in the case of chronic illness and of sick persons whose organisms are so impoverished and unfit to continue their functions that death is inevitable, there still remains, after the moment commonly called death, a sufficiently long period of latent life.

In the review, *L'Union Médicale du Canada,* for January, 1896, Dr. A. Ethier narrates an incident which proves that even when organs have suffered a wound which must of necessity prove fatal, and that, it would seem, instantly, there still exists a period of latent life similar to that which takes place in long sicknesses.

[2] Laborde, l. c., pp. 163–167.

Dr. Ethier was called to assist a man who had fractured his skull on a rock to which he had fallen from an elevation of thirty feet. The wide opening extended from the right temple to the petrous portion of the left temporal, crossing the centre of the sphenoid bone, and producing cerebral hæmorrhage. It seemed as though he had died in the very instant of the accident, and to all outward seeming he lay quite dead and corpse-like. Despite all this, and after other means had been tried in vain, Dr. Ethier practised rhythmical tractions. After about twenty minutes he succeeded so far that the man who had appeared to be dead, with a fracture that was undoubtedly fatal, began to show signs of life, and soon completely regained the use of his faculties before dying *two hours later.*[3]

In this connection Dr. Goudard narrates a pathetic story. A patient, sixty years old, had died, it was thought, of an attack of double pneumonia. The physician arrived too late, and for more than an hour did all in his power to restore life, but without result. The death certificate had been made out and the doctor was leaving the house, when just as he had set his foot upon the lowest step of the stairway, the thought of the bereaved wife and the six orphaned children once more touched his heart. He remounted the step with the determination to make one final

[3] Laborde, l. c., p. 544.

heroic effort — the result was the recovery and the complete restoration to health of the patient who lived for many years.[4]

C — That grave authorities claim for this period of latent life a duration considerably longer than half an hour.

In view of these and other similar cases, doctors and physiologists, authorities of great learning and experience, assign for even this kind of prolonged sickness, a period of latent life considerably beyond half an hour. The great weight of their authority is the argument which we have reserved for this portion of our thesis.

As early as the eighteenth century the illustrious Dr. Thomassin, professor at the school of Besançon, taught "that we should accustom ourselves to look upon the first twelve hours which follow the moment called death, as a continuation of the same sickness." [5]

Other doctors, according to Icard, desire the treatment for apparent death to be systematically carried

[4] He thus describes his operation: "Je remontai, j 'appliquai le marteau de Mayor jusqu 'à bruler profondément la peau de la région précordiale. Tout à coup, je vis un mouvement des paupières; je continuai tous les genres de stimulation, si bien que celui que je considérais comme un cadavre, ressuscita et finalement guérit: cet homme reprit sa vie comme par le passé et vécut encore de longues années." Quoted by Icard in *La Presse Médicale,* Aug. 17, 1904.

[5] See Icard, l. c., p. 3, c. 2.

out *in all cases,* before a corpse is allowed to be buried.

Laborde, in the communication addressed to the Academy of Medicine of Paris, January 30, 1900, assigns as the average term of latent life for all cases, the space of *three hours.* Hence he does not believe the death of a man can be considered certain, unless he has been subjected for three hours to the rhythmic tractions of the tongue, and unless during all this time there could not be seen in him any sign of life.

Dr. Coutenot, in the article published in *Études Franciscaines,* says (p. 47) that the period of latent life continues from one to three hours; the maximum recurring in the case of sudden deaths, and the minimum — that is, one hour — in the case of deaths resulting from prolonged sicknesses. And this average, one to three hours, ought, he claims, to serve the priest as a rule in the administration of the sacraments."[6]

Goggia in the *Cosmos*[7] states that in these cases of long continued sickness, followed by an agony, a doc-

[6] "After the minister of the sacrament has scrupulously inquired regarding the time that has elapsed since the last breath was drawn, regarding the special disease which has been the determining cause, and regarding the manner of the agony,— remembering moreover that the persistence of interior life may continue from one to three hours; the maximum for sudden and unforeseen deaths, the minimum for long and wasting maladies — he can come to a conclusion and act according to his conscience."

[7] Vol. 44, 1901, p. 149.

tor ought not to certify to the death of the patient until its remote signs have manifested themselves. These are rigidity of the corpse and blisters without moisture; not upon one finger merely, but upon different parts of the body.

Dr. Bassols, in the session of January 23, 1903, of the Barcelona Academy of SS. Cosmas and Damian, gave it as his opinion in regard to the administration of the sacraments, that, morally speaking, we can set as the terminus of the period of latent life that moment when cadaveric rigidity presents itself, and consequently that until this has appeared the sacraments can be administered.

He means that the period of latent life in these cases of ordinary sickness probably lasts until cadaveric rigidity sets in.[8]

Cadaveric rigidity does not usually manifest itself until *at least one hour* has passed from the time called death. Capellmann says that it is wont to present itself from one to twenty-four hours after the moment commonly called death. Niederkorn in his statistics, cited in the 10th conclusion drawn up by Dr. Blanc

[8] The following argument in favor of Dr. Bassols' statement is sound, theology: the sacraments ought to be administered to one who seems dead, if it can not be assumed with certainty that he has really died. But before cadaveric rigidity presents itself, one cannot be certain that death is really present. Therefore the sacraments are to be administered in all cases where cadaveric rigidity is not yet manifest.

(quoted in Section IV, of the present part), holds that in two-thirds of the cases rigidity begins at the end of from *two to six hours.* According to Surbled,[9] however, it generally appears at the end of three hours. Icard[1] maintains that it usually begins between from six to twelve hours after death is commonly taken to have supervened.

In confirmation of the rule laid down by Dr. Bassols, we might also mention the conclusion arrived at by Dr. Louis after many years' experience in over 500 cases of death: "The flexibility of the members," he says, "is one of the principal signs by which we can judge a person to be still alive."[2]

Finally, amongst the wise conclusions formulated by Dr. Blanc, and approved by the learned Academy of Barcelona, the following are especially worthy of note in this connection. They are:

"*Resolved 5.*— After the moment commonly called death, even of the death which follows upon acute and chronic sickness, there exists in the human body, according to the testimony of the majority of authors, a certain residue of vitality of the tissues, which reveals itself by contractions of the muscular fibres, both smooth and striated, by absorption, by vibratory motions of the epithelial ciliae, and of the spermatozoids,

[9] *La Vie Organique,* l. 4, c. 1.
[1] L. c., p. 20.
[2] See Icard, l. c., p. 25.

by contractions of the womb, which at times have brought about the expulsion of the fœtus, etc., etc.

"*Resolved 6.*— In the presence of a human body, which offers the phenomena noted in the preceding conclusion, medical science has, at least for the present, no means by which to decide if the principle which maintains functional unity in the organism, has disappeared."

"*Resolved 8.*— The epithelial ciliae of the air channels, according to authors worthy of confidence, still vibrate from 12 to 15 hours after the time commonly called the moment of death."

It should be noted that the three classes of arguments which we have brought forward in support of our opinion: "that the probable period of latent life, in those who die after a long sickness, lasts for at least half an hour," make this opinion, to use the most modest term, at least remotely probable. In our own view of the matter the said opinion is solidly probable and even more so than its contrary — but if we grant to it any probability at all, even though slight and in the lowest degree, it follows at once from what has been demonstrated in a preceding section,[3] that during this entire period the sacraments can and should be administered to those who appear dead from such diseases.

It is needless to say that these facts should not be misconstrued into a plea which might cause a certain

[3] See section II of the present part.

FR. VICTOR DE LA FLOR, O. P.

security and consequent delay to call for the ministrations of the priest until the sick man has breathed his last or is almost in his agony. The arguments which we have advanced to prove the possibility of saving souls by administering the sacraments to persons apparently dead, establish no less the possibility of saving their temporal lives, if the proper means are employed. And as there is no excuse for delaying the summoning of a physician until the positive apprehension of death makes itself necessarily felt, so there is no justification for failing to call the priest until life has well nigh run its course. The welfare of an immortal soul is of far more importance than the cure of the perishable body; and it would be foolish and unnatural cruelty on the part of any family recklessly to expose its own to so evident a danger of eternal loss.

VII.— CASES IN WHICH THIS PERIOD IS MUCH LONGER.

The period of latent life to be expected when persons die after a protracted illness must naturally be assumed to be of longer duration in those cases of not infrequent occurrence where sudden and unforeseen complications bring on death much earlier.

These cases lie midway between absolutely sudden death and that brought on by gradually consuming diseases; and Fr. Feijoo[4] assigns to them at least two or three hours of probable latent life. Evidently the Sacraments may be administered *sub conditione* to such persons, even though to all appearances they are dead. This rule, he maintains, holds good not only in the case of those persons who, up to a short time before death, were in seemingly good and sound health, but also whenever the complication which brought on death occurred during the course of ordinary sickness. If, for instance, while the patient is in high fever, or suffering from acute colic or from intense headache, there should occur a sudden cessation of breathing and motion, with apparent in-

[4] *L. c.*, Sect. XI.

sensibility, and without any of the symptoms of gradual decline which usually lead up to the last agony,—the change could not be supposed to be a direct result of the disease from which the patient had been suffering, but must be attributed to some change in the morbid condition of the system, similar to that which brings on apoplexy, syncope, or the like complications. In these cases also, the priest who has been called should absolve *conditionally,* even if two or three hours have passed since the collapse.

From what has been said, it can be inferred that the priest not only may, in nearly every such case, administer the last Sacraments, but should do so, unless it is clear that decomposition has actually set in. Indeed, in all cases where the tests of auscultation and traction have not been applied, the aforementioned period may be readily extended, because the chances of mistake in judging the symptoms indicating such deaths are admitted even by skilled physicians to be very great.

VIII.— ADMINISTRATION OF THE SACRAMENTS OF PENANCE AND EXTREME UNCTION.

During the probable period of latent life, the priest may and should administer to adults, not only the Sacrament of Penance, but also, and preferably, that of Extreme Unction.

The justice of this contention may easily be demonstrated. According to the principles of moral theology, any case in which sacramental absolution may be given to a person in danger of death and deprived of his senses allows *a fortiori* the administration of Extreme Unction. Since the dispositions required in a dying person for the valid or licit reception of Extreme Unction are also necessary for the Sacrament of Penance, it follows that if one be disposed for absolution he may invariably receive Extreme Unction. On the other hand, the valid reception of the Sacrament of Penace probably requires certain additional conditions not absolutely necessary for Extreme Unction. Hence in cases where these conditions are wanting, Extreme Unction would be effectively administered to a person dying or apparently dead, whereas absolution would *probably* be ineffective.

Let us suppose the case of a man in the state of mortal sin, who having gone to bed sound and healthy, on the following morning is found apparently dead. Let us suppose too that having had a brief warning of his condition just before being stricken, he has made an act of *attrition*. If now the Sacrament of Extreme Unction is administered to him in the morning (assuming that there is still vitality in him, though he is apparently dead), it is without doubt valid, even though he had received no absolution. This latter indeed, if given alone (without Extreme Unction), would probably be of no avail, since, according to the common teaching of theologians, some sort of *sensible confession* is required in such a case.

This is at least the teaching of authorities like La Croix, who does not hesitate to affirm: "Si certum esset quod talis aegrotus nullo signo externo manifestasset dolorem adeoque non posuisset ullam confessionem sensibilem, etiam certum esset absolutionem illi dandam fore invalidam, quia confessio sensibilis est de necessitate sacramenti."[5] And although there are theologians who differ from this opinion or maintain that almost any outward manifestation may be construed into a sensible confession where the penitent is a Catholic and presumably desirous of confessing, yet there remains a doubt here, whereas there is none in regard to the validity of Extreme Unction

[5] L. 6, p. 2, n. 1261 (al. 1161).

under like circumstances. We therefore conclude that in these and similar cases not only absolution ought to be given, but certainly also Extreme Unction, as its effect is more direct and secure than that of absolution. Such is the view of Villada, Lehmkuhl, Pesch, Ballerini-Palmieri, and Aertnys.[6]

The Roman Ritual, moreover, says: "Quod si dubitet (sacerdos) an vivat adhuc (infirmus) Unctione prosequator sub conditione pronuntiando formam, dicens: 'Si vivis per istam sanctam unctionem,' etc."[7] And Deshayes: "In dubio an vivat moribundus, ministratur sacramentum (Extremae Unctionis) sub conditione: Si vivis."[8]

The one difficulty which may be urged against administering Extreme Unction in these cases would be the misapprehension and possible scandal of the bystanders at seeing the Sacrament conferred upon those who are apparently dead, whereas no such objection

[6] Villada, *l. c.*, n. 75; Lehmkuhl, *Casus Consc.*, v. 2, n. 624, r. 2; Pesch, *Prael. Dogm.*, v. 7, n. 86; *Casus Romae ad S. Apolin.*, p. 94, seq., et pp. 271, 272; Ballerini-Palmieri, v. 5, n. 235, etc., 861 ed. 3; Aertnys, *Theol. Mor.*, l. 6, tr. 6, de Extr. Unct., n. 367. (Tornaci, 1901.)

The latter writes: "Non tamen deneganda Extrema Unctio est iis, qui in actu peccati sensibus destituuntur; nam si forte internum actum attritionis miser peccator elicuerit, longe tutius, immo certo ejus salus procurabitur per Unctionem, per absolutionem valde dubie." See also Gury-Ferreres, *Comp. Theol. Mor.*, v. 2, n. 506.

[7] *Rituale Romanum*, tit. 5, c. 1, n. 12.

[8] *Memento Juris Ecclesiastici*, n. 1352.

could be urged in giving sacramental absolution, since this may be done without attracting any attention. But as there is question of benefiting a soul for whom Christ instituted the Sacraments, no such objection should prevail. Let the priest, if he fears that his action will be misunderstood, briefly explain to the people the fact that the symptoms of death are always more or less uncertain and that it is better to give the apparently deceased the benefit of the doubt, by administering so salutary a Sacrament.

It is needless to add that in these cases, which may be understood to be urgent, the priest should preferably use the short formula of the Ritual for Extreme Unction: "Si vivis, per istam sanctam unctionem et suam piissimam misericordiam indulgeat tibi Dominus quidquid deliquisti per sensus visum, auditum, odoratum, gustum, et tactum," taking care to anoint each one of the senses as he mentions them. It is also probable that in these and other analogous cases one unction, either on the forehead or on the breast, suffices for the proper administration, although it may be desirable afterward to complete the form and the anointing (under the condition, *si vivis et es capax*), adding the prayers which the Ritual prescribes.

IX.— CONCLUSIONS.

It is the practice of physicians ordinarily to use all necessary appliances for restoring life when it appears extinct as a result of a sudden accident. There are, however, instances when medical assistance cannot be promptly obtained, and in these cases no better method of resuscitation can be suggested than that of Dr. Laborde, which has demonstrated most satisfactory results. To apply it in its simplest form it is sufficient to open the mouth of the apparently lifeless person, separating the teeth by means of a spoon-handle or a small piece of wood, etc., and then to seize the point of the tongue with the thumb and fore-finger of the right hand — a piece of cloth being used to tighten the hold.[9] This done, the rhythmic traction is begun by simply drawing out the tongue and again releasing it. This must be repeated about fifteen or twenty times a minute. For greater convenience an instrument has been invented which produces this rhythmic movement automatically.[1]

[9] There are small pincers, made expressly for this purpose, commonly used by doctors.

[1] It has been said that this process savors of cruelty, unless the tractions are applied in connection with the apparatus mentioned in the present chapter. The objection is altogether

By means of this simple device alone, which must however be used persistently, for an hour or more, the lives of many who are only apparently dead may be saved.[2] This is the case especially with men asphyxiated by carbonic acid gas in cellars, coalpits, wells and sewers, or by noxious vapors or gases in tightly-closed chambers; also with persons in a dead stupor, being either prostrated by heat or apparently from intoxication.

"The application of repeated rhythmic tractions of the tongue *should be understood by everybody,*" writes Dr. D. Coutenot.[3]

No person who seems to have died in these or other sudden accidents ought to be buried without the preliminary test of these tongue tractions, applied as above described, and for the space of three or more hours.[4] It would be, therefore, convenient for every large community to have at hand at least one of the

futile. For, if the person be dead, there can be no question of cruelty. If life be still extant, it would be cruel to allow the patient to die without having recourse to so simple and really harmless a method of restoring active vitality. In the majority of instances physicians apply these tractions without any instrument.

[2] The physiological effect of these tractions upon the patient, and the manner in which they may bring back respiration and circulation of the blood, is clearly explained by Dr. Laborde in his communication to the Academy of Medicine of Paris. (Session of January 23, 1900. *Bulletin,* l. c.) See also his work on the subject.

[3] *Études Franciscaines,* l. c., p. 45.

recently invented devices for automatic tongue traction. Some years ago Dr. Laborde also gave a detailed account of the invention of this apparatus, in a lecture before the members of the aforementioned Paris Academy of Medicine.[5] The instrument, which is neither complicated nor expensive, once applied to an individual, performs the tractions without being manipulated. It is only necessary that some one be present to wind up the machine when it has run down, and to note results.[6]

According to the *Tribuna Illustrata* of Rome, for June 5, 1904, Dr. Panyerek of Prague has invented another method more simple and easy than that of Dr. Laborde. It consists in taking hold of the nose of the person apparently dead, either simply with the fingers or by means of a cloth (compress) soaked in vinegar or water, and drawing it forcibly up and down, following the regular movements of one's own breathing. In this manner a kind of local stimulus is aroused, which is transmitted and reproduced in the respiratory centres, causing them to resume their functions after some minutes.

Since despite these means vitality may remain un-

[4] Dr. Blanc in *Criterio,* l. c., p. 208, asserts the same view.

[5] Séance du 30 Janvier, 1900.

[6] "It is quite possible — nothing forbids it — to subject the body during an entire night or an entire day to automatic tongue tractions. Nothing forbids it,— even the most natural sentimental repugnance, which we have at such times, ought to yield to necessity and considerations of a superior order." (Dr. Laborde, *Bulletin,* p. 103, l. c.)

noticed for days and a person be buried alive, an apparatus called "Karnice" (from the name of its inventor) has been devised by which the awful results of such accidents may be avoided. The instrument is placed upon the breast of the person entombed in such-wise that his slightest motion causes an electric gong to sound aloud, at the same time lighting an incandescent lamp provided with a powerful reflector; simultaneously an opening is effected by which fresh air is introduced into the coffin, while by means of a speaking trumpet the voice of the one buried can readily be heard by those outside, who can also make themselves heard as soon as they come to render assistance.[7]

In view of the important results which the aforementioned considerations have in regard to the salvation of souls, we here resume for the benefit of all our brethren in the ministry a practical application of the principles established.

Let pastors and professors of moral theology insist that in all cases of sudden demise it is the duty of members of the family and friends who may be at hand to call the priest, despite the apparent conditions of the body which seem to indicate that life is extinct.

Let a priest under no circumstances neglect promptly to assist persons who have apparently

[7] The author here refers to a work, *Considerazioni sulla letargia o morte apparente* (*Roma, 1903*), a copy of which, together with the above-mentioned article in the *Tribuna Illustrata*, were sent to him by the Rev. Dr. Geniesse, who has translated Fr. Ferreres' articles into Italian.

just died without having received the Sacraments. If we have at heart the glory of God and the salvation of our neighbor, the cases will certainly be few where we cannot administer these treasures of divine grace. It will in some cases be useful, as Fr. Villada has written, to repeat the absolution *sub conditione* during this period of latent life: "Censeo, quam bene sapientiores viderint, licite conferri posse et per se etiam debere sacramentum poenitentiae sub conditione 'si capax es,' vel 'si vivis et dispositus es,' iis apparenter mortuis, qui a paucis momentis, *e. g.*, sex circiter minutis expirasse dicuntur sine absolutione; posse . . . vel etiam debere conferri conditionate, si, licet exspirassent absoluti, ex eorum tamen praeterita vivendi ratione, etc., dubium aliquod rationabile existat, an non utile vel etiam necessarium ipsis adhuc sit sacramentum."[8] All this is in accord with what St. Alphonsus Liguori says in his *Homo Apostolicus* on the advantage of repeating the absolution given to those who are *sensibus destituti.*

Every priest administering to the sick and dying has reason to take to heart what Dr. Blanc, inviting the coöperation of the doctors of the Academy, said: "Fortunately there is no need to urge upon you the importance of the matter in order to arouse interest. You, as Catholics, are convinced as well as I am; you believe, as our holy Mother the Church teaches, that

[8] Casus, l. c., p. 244.

without Baptism, this fount of all graces, the soul of a newly-born child is deprived of the vision of God for eternity. You also believe that the effect of the Sacrament of Extreme Unction administered to an adult in danger of death (or in the state of apparent death) may be not only a return to health, but also, what is a far greater blessing, the remission of his sins and the gaining of eternal happiness, provided only he has made an act of attrition before lapsing into unconsciousness." [9] Dr. Coutenot's paper on the same subject breathes the very same spirit.[1]

Similar views were expressed by Dr. Witz in a lecture given at a general session of the Scientific Society of Brussels, May 4, 1889: "Never in any case may we dispense with the services of the priest. The grace of absolution may — who can tell? — fall upon the conscious soul of a still living being. Even where we do not succeed in resuscitating the life and health of the body, we may save the soul by prolonging its opportunities to receive the Sacraments, to profit by the infinite mercy of God." These warnings were repeated by Dr. Witz in a lecture given on April 24, 1890.[2]

When we see what beneficent interest the above

[9] *Criterio*, p. 131.

[1] *Études Franciscaines*, l. c.

[2] Cf. *Révue des Questions Scientifiques*, v. 26, p. 27, and v. 47, p. 475.

considerations have aroused among the members of the medical profession, even in regard to our pastoral ministration, surely our own zeal should be quickened in behalf of the children of our flock for whom the Good Shepherd gave His life.

Let us remember that whenever the Sacraments can be validly administered to a dying person, or to one apparently dead, we are under a *grave* obligation to confer them. This is the teaching of Suarez, Vasquez, Viva, La Croix, St. Alphonsus Liguori, Ballerini-Palmieri, and others.[3] St. Alphonsus says that this is the *common* opinion of theologians. Ballerini-Palmieri maintains it as *certain*. The words of Diana on this point are explicit: "The ordinary priest is obliged by the law of charity, the pastor by the law of justice, to confer the Sacraments whenever, in urgent necessity, they probably will not be null and void. Probability, in such a case, when supported by prudent authority, imposes an obligation, even on one who holds the contrary opinion. Attrition is all that is necessary on the part of the penitent. As a consequence, when attrition is in all likelihood present, and the need of the Sacrament is very great, Vas-

[3] Suarez, *De Poenitentia*, d. 23, sect. 1, n. 5; Vasquez, *De Poenit.*, q. 91, a. 2, dub. 1, n. 38; Viva, *Append. ad prop. damn.*, § 11; Diana, P. 3, tract. 3, resol. 9; La Croix, lib. 6, p. 2, n. 1256; S. Alphons. Lig., lib. 6, n. 482; Ballerini-Palmieri, vol. 5, n. 235, 3° (ed. 3).

quez does not hesitate to call priests who refuse absolution destroyers of souls." [4]

Hence we have not overstated the matter when we argue that the careful study of this subject is worthy of the attention of all priests and ecclesiastical superiors. In having written these articles we have demonstrated our earnest interest in the matter; and we hope that others of greater ability and authority will be induced thereby to spread information on this point among the people and persuade them to adopt the suggestions we have made.

[4] "Quia cum licite possit facere, vel ex charitate, vel ex justitia (si ipsius pastor est) ad hoc obligatur; quod etiam verum est respectu eorum qui contrariam sententiam tenent; quia cum hanc sententiam possint in praxi tuto sequi propter suam probabilitatem, idque sit saluti moribundi valde expediens atque etiam necessarium, si solum sit attritus, ad hoc ut diximus vel ex charitate vel ex justitia tenetur. Igitur sacerdotes nolentes moribundum in tali casu absolvere, recte Vasquez, uti supra, vocat reos et necatores animarum." See also Caesar-Augustae, 1629, p. 111.

A LAST WORD.[1]

THE APOSTOLATE OF THE DYING.

In promoting the great apostolate of daily prayer for the dying, the *Messager du Coeur de Jésus* (Nov. 1904) thus writes:

"We may believe that the greater number of these souls in their agony have rather been sunk in apathy, taken up with their occupations, blinded by their passions, and their perverse education, by bad example, human respect and ignorance — than knowingly and obstinately wicked. Is there not then reason to hope that at the last hour, on the threshold of eternity, when the good angel, when Jesus and His merciful Mother make their last efforts to save them; when the impressions of a childhood, perhaps pious, the sweet image of a Christian mother, the thought of some good examples shown them, rise from the depth of memory; when their passions have been calmed, human respect has passed away, their evil companions have left them or are no longer heeded; when they feel themselves so

[1] What follows has been added to the original. The interesting statutes of French legislation (Appendix, II) as well as new passages introduced into the body of the work, have been sent by the author himself.

all alone upon this earth, and so detached from the objects of their sins — is there not reason to hope, we ask, that if at this great moment a special grace, won from the Heart of Jesus and all flaming with His love, be cast into the scale of the divine balance, Mercy shall yet outweigh Justice, and many of these in their last agony shall turn to God? Pray then, you who love the Saviour Jesus, and without the least doubt, among that multitude of souls who are to leave this earth, some at least shall owe to you the redeeming grace which is to save them."— What an argument likewise for the zealous ministration of the priest who is actually present at the bedside of the dying.

But how eminently true are these considerations especially for that interval of latent life, to which, in its conclusion, the Messenger refers, when perhaps many by our prayers or ministrations may yet be converted to God.

Of the number who die every day — 145,000 according to the most recent statistics — who can say how many regain, for at least a short period, the use of their senses during that interval of latent life through which it is claimed that all must pass. "The mercy of God is without limit; the divine omnipotence places at Its disposal resources of a most wonderful efficacy; these souls are loved with an infinite love; one second is sufficient to convert them."

In the article quoted an instance is given of a Cath-

olic physician, who left these words written in his will: "When I shall have drawn my last breath, it is my desire that prayers be said over me in a loud voice, invocations be suggested, acts of contrition, etc., be recited, during one entire hour; for we do not know at what moment precisely the soul leaves the body."

The reader may see from all this the reasonableness of what has been said in regard to absolution repeated *sub conditione* in certain cases — even, at times, where the penitent may already have received absolution before passing into this state. (for explanation see p. 112.)

We can do no better than conclude with the beautiful prayer composed by Father Lyonnard, S. J., and indulgenced by Pius IX, who himself adopted the custom of reciting it, at different periods, three several times each day, and wished to promote this practice among the faithful. His desire was to encourage daily prayer for the agonizing: —

"Most merciful Jesus, lover of souls, I pray Thee by the agony of Thy most Sacred Heart, and by the sorrows of Thy Immaculate Mother, wash in Thy blood the sinners of the whole world, who are now in their agony, and are to die this day. Amen.

Heart of Jesus, once in agony, pity the dying." [1]

[1] 100 days each time; a plenary indulgence once a month, under the usual conditions, if recited three times a day for a month, at different periods of the day.

APPENDIX.

I.— PRACTICAL METHOD OF APPLYING LABORDE'S RHYTHMIC TRACTIONS.

(See Section IX "Conclusions," p. 108, etc.)

The method to be followed is thus described by Dr. Laborde:[1] "Take a firm hold on the upper third portion of the tongue with the thumb and forefinger, using, for greater facility, a piece of cloth or a handkerchief. In rhythmic succession draw out the tongue at the rate of fifteen or twenty times a minute, releasing it after each traction, so as to imitate the measured action of respiration.

During this operation, care must be taken that the stress be exerted on the *bottom* of the tongue, which on account of its passiveness and elasticity yields very easily to pressure, especially in cases of apparent death. If any resistance is noticed, it is a certain sign that the functions of respiration are reëstablished and life is being recalled. One or several motions of deglutition will follow immediately and then a noisy inhalation, which I call *an inspiratory sob,* and which

[1] *Tractions Rythmées de la Langue,* 2nd edition, 1897, pp. 181, 182.

constitutes the first symptom of the person's return to life.

When the jaws are contracted and the teeth closed tight, it will be necessary to separate them by force, in order to seize the tongue of the patient. For this purpose, if the hands are not sufficient, a piece of wood, the handle of a knife, the back of a spoon or fork, the point of a stick, etc., may be used.

If the person was drowned, it is advisable when grasping his tongue and beginning the tractions, to introduce the forefinger of the other hand into the back of his mouth, in order to provoke vomiting, and thus relieve, if possible, the stomach from the water and food which embarrass it."

In practice, it will be helpful to use tongue tractions, besides other suitable means usually employed in such cases. This is also the opinion of Laborde (l. c. pp. 15–33). He suggests that pieces of warm cloth should be applied at the same time to the thoracic precordial region; the pieces of cloth should be soaked in very hot, almost boiling water. Their effect will be to provoke respiratory motions and the pulsations of the heart.

We have here and elsewhere described this method in some detail and think it prudent therefore to add the caution suggested by the editor of the Ecclesiastical Review. We take the liberty of quoting from a

letter addressed to us in which a possible danger is suggested lest "the reasons and methods in the cases discussed might lead to extravagances and imprudent experiments where these should be conducted only in private and with that delicacy for the feelings of persons and surroundings of the death chamber which befits the sacredness of our calling no less than the duty towards the dying."

"Of course," he continues," everything should be done to bring about the results indicated as possible in the cases described, yet that necessity or obligation is sufficiently clearly pointed out to dispense us from urging the priest to begin at every deathbed an operation for restoring life. If he gives — in a prudent manner — the benefit of doubt to the apparently dead, and administers without ostentation the Sacraments, leaving the rest to the doctor with perhaps some suggestion to that functionary, the priest has performed his duty."

II.— FREQUENCY OF PREMATURE BURIAL.

"The means suggested in this treatise not only have the advantage of bringing men back to life," Dr. Geniesse tells us, "but often also can preserve them from eternal damnation and a most horrible death. 'There is no condition more fearful,' a modern philosopher writes, 'than that of an individual returning to life in a coffin several feet under ground, and then forced helplessly to die a death the terrors of which are beyond all sufferings which the most atrocious tortures can inflict. The mind oppressed with horror cannot endure the thought.'[1] How many dreadful facts could be told, and may be read in books, of persons who passed through these unutterable torments, some giving signs of life in time to be saved, but many found in their coffins, in postures other than those in which they had been laid, and revealing how terrible their real death had been. I do not wish to frighten my readers, neither will I enumerate the facts mentioned by writers; it is sufficient to say, as set forth in the treatise quoted above,[2] that Dr. Hart-

[1] *Considerazioni sulla letargia o morte apparente, sequite da una descrizione sommaria degli apparechi di soccorso "Karnice." Roma,* 1903, p. 1.

[2] *Considerazioni,* etc., p. 8.

mann, an Austrian, in his work, *Buried Alive,* testifies to having received during the months of May and June, 1896, sixty-three letters of persons who certified that they had escaped a premature interment only at the very last moment. There is no doubt that for every known case of a person buried alive, there are thousands unknown to us. This argument and others that might be adduced prove that burials of the living are of much greater frequency than is generally believed."

Whatever may be the full truth in this matter, it is certain that public attention has already been attracted to it in at least one country of Europe. We give here, from the *Presse Médicale,* of Paris, the following statutes of French legislation intended to prevent premature burials:

"1. The difficulties in the diagnosis of real death and the danger of apparent death are officially recognized and pointed out by the administration.

"2. Death is to be attested by a medical examiner, under oath — a doctor of medicine and no mere health officer.

"3. The body of the deceased is always to be examined carefully and completely, and no certificate is to be granted by the medical examiner until he has established the presence of cadaveric rigidity and putrefaction.

"4. The medical examiners are to be under the

control of medical inspectors to render the verification of death more reliable.

"5. The time at which death is to be attested should not be too close to the moment supposed to be that of death, so that for greater assurance the doctor can establish the presence of certain important signs whose manifestation does not follow immediately upon death.

"6. The legal delay of twenty-four hours before burial is to be reckoned from the moment when the civil authorities have been notified of the decease, and not from the moment supposed to be that of death.

"7. Until the term of legal delay has completely expired it is forbidden to proceed to burial or to place the body in a coffin.

"8. Until the term of legal delay has completely expired it is forbidden to proceed to an autopsy or any operation which might transform apparent death into real death.

"9. Until the term of legal delay has completely expired the deceased is to be considered as only supposedly dead; he is to be regarded as a sick person and to be treated as such.

"10. To render the danger of apparent death even less frequent public authorities desire that families be instructed in the precautions with which the body of a person declared dead is to be surrounded until the term of legal delay has completely elapsed."

III.— EXPLANATION OF THE "KARNICE."[3]

A short explanation may be added here to the description of the apparatus called *Karnice* given by Father Ferreres. (See page 111.)

Its inventor was the Count of Karnice, Chamberlain of the Emperor of Russia. It was this gentleman's fortune to be present at the sudden awakening of a maiden the very moment that the first clods of earth fell upon her coffin. This event so impressed itself upon his memory, as to give the first impulse to those endeavors which resulted at last in the invention of his apparatus. Its advantages are thus summed up by Dell' Acqua:

"1. The apparatus is air-proof, thus preventing any passage between the tomb and the outer world, so that all danger of infection is excluded.

"2. It is portable, and may be used for any number of graves, thus making it very cheap.

"3. It is applied to the dead body and removed from it without opening the coffin, and no digging

[3] We quote from Dr. Geniesse. A minute description of this apparatus can be found in a pamphlet published in Rome (1903) under the title: *Considerazioni sulla Letargia o Morte Apparente,* etc.

is required; indeed, the whole operation is less complicated than the fixing of a post in the ground.

"4. It is very easy of construction — no electric batteries, which are not always at hand — no complication of wheels — nothing which may exceed the capacity of the simplest workman.

"5. The least unconscious motion of the lethargic person will be enough to start this apparatus working.

"6. Such motion, either pressure or traction, presently supplies the interior of the coffin with abundant air.

"7. A ray of light is also produced in the tomb, both during the day and at night.

"8. This same motion causes a red flag or a shining metallic globe to be raised at a conspicuous height above the grave, so easily as to attract attention.

"9. It moreover sets to work a sonorous alarm bell.

"10. Besides all these good effects, it affords the sick person a means of calling for help, by at once opening a tube which serves as a megaphone.

"11. And all these different manifestations can be produced by the mere motion of the buried person.

"12. Lastly, the apparatus is externally inaccessible, and cannot be opened, unless, indeed, by force and with powerful instruments."

From what has been said it is easily seen, that although the apparatus just mentioned is very useful to save the life of such persons as may recover by themselves in their graves, it cannot restore life to those

who might have been revived by more efficient means, as rhythmical tractions and the like. This device removes the necessity of having vaults in our cemeteries.

MEDICAL AND THEOLOGICAL LITERATURE REFERRED TO IN THE PRESENT WORK.[1]

Aertnys, C. SS. R., Joseph. Theologia Moralis juxta Doctrinam S. Alphonsi M. de Ligorio. Ed. 6; Paderborne, 1901.

Alberti, Joseph, Cathedralis Aquipendiensis Canonicus. Theologia Pastoralis. Pars Prima. Ed. 3; 1898.

Alphonsus M. de Ligorio, S. Theologia Moralis.

Antonelly, Joseph. Medicina Pastoralis; Romae, 1905.

Ballerini-Palmieri. Opus Theologicum Morale in Busembaum Medullam. Ed. 3; Romae, 1899–1901.

Barnades, Médico de Cámara. Instrucción sobre lo Arriesgado que es en Ciertos Casos Enterrar á las Personas sin Constar su Muerte por Otras Señales más que las Vulgares; y de los Medios más Conducentes para que Vuelvan en sí los Anegados, Ahogados con Lazo, etc. Madrid, 1775.

Beclard, J. Traité Elémentaire de Physiologie; Paris, 1866.

[1] We do not give here a list of the entire literature treating of this subject, but merely of the portion actually quoted. The list has been drawn up to facilitate verification or further study, especially where books, once mentioned, are afterwards referred to only by the author's name.

Berardi, Aemilius, Cathedralis Faventinæ Canonicus. Praxis Confessariorum. Ed. 3; 1898.

Blanc y Benet, Dr. D. José. De la Muerte Aparente con Relación á los Sacramentos. In *El Criterio Católico en las Ciencias Médicas,* Barcelona, Vol. VI.

— Doctrina Teológico-Moral sobre Algunos Puntos Tocológicos. In *El Criterio Católico;* 1898.

— El Bautismo de Necesidad. In *El Criterio Católico;* 1899.

Bucceroni, S. J., Januarius. Institutiones Theologiæ Moralis. Ed. 4; Romæ, 1900.

Bulletin de l' Academie de Médecine; Paris, 1900.

Busembaum, S. J. 1600–1668. Medulla Theologiæ Moralis.

Capellmann, Dr. C. Medicina Pastoralis. Ed. 7, Latinarum Altera; 1890.

Casus Romæ ad S. Apollinare.

Concilium Plenarium Americæ Latinæ. Acta et Decreta C. P. A. L. in Urbe Celebrati anno Domini 1899; Romæ, 1901.

Considerazioni sulla Letargia o Morte Apparente, Seguite da una Descrizione Sommaria degli Apparecchi di Soccorso *Karnice;* Roma, 1903.

Cosmos; Paris.

Coutenot, Dr. In *Etudes Franciscaines.*

Debreyne, F. C. Ensayo sobre la Teología Moral. Traducción de la 4a Edición Francesa por el doctor D. P. P. y D. J. C. B.; 1851.

Dell 'Acqua, Dott. Felice. La Morte Vera e la Morte Apparente; Milano, Hoepli, 1897.

Deshayes, F. Memento Juris Ecclesiastici; Parisiis, 1895.

D'Halluin. La Résurrection du Coeur; Lille, 1904.

Diana, Antonius, O. Cler. Reg. Theatin. Resolutiones Morales, Cæsar-Augustæ, 1629.

Elbel O. S. F., Theologia Moralis. . . . Auctore P. Benjamino Elbel. Novis Curis Edidit P. Ireneus Bierbaum, O. S. F.; Paderborne. Vol. I et II, 1904; et Vol. III, 1895.

El Criterio Católico en las Ciencias Médicas, Organo de la Sociedad Médico-Farmacéutica de los Santos Cosme y Damián; Barcelona.

Eschbach, A. Casus de Ectopicis Conceptibus; Romæ, 1894.

— Disputationes Physiologiæ-Theologiæ, tum Medicis Chirurgis, tum Theologis et Canonistis Utiles. Ed. 2; Roma, 1901.

Ethier, Dr. A. In *L'Union Médicale du Canada;* Jan., 1896.

Etudes Franciscaines; Jan., 1903.

Feijoo, O. S. B. Cartas Eruditas. Carta contra el Abuso de Acelerar más que Conviene los Entierros. Ed. Rivadeneyra; Madrid.

— Señales de Muerte Actual.

Florentini. De Hominibus Dubiis, seu de Abortivis Baptizandis; Venetiis, 1760.

Génicot, S. J., Eduardus. Theologiæ Moralis Institutiones. Ed. 3; Lovanii, 1900.

— Casus Conscientiæ; Lovanii, 1901.

Geniesse, Dott. G. B. La morte Reale et la Morte Apparente. Traduzione Italiana con Notte dello Stesso; Roma, 1905.

Goggia, Dr., In *Cosmos,* Vol. XLVIII.

Gury, S. J., Joannes Petrus. Died 1866. Compendium Theologiæ Moralis.

— Casus Conscientiæ.

Gury-Ferreres. Compendium Theologiæ Moralis P. Joanne Petro Gury, S. J. Multis Additionibus Auctum, Recentioribus Actibus Sanctæ Sedis, etc. Opera P. Joannis B. Ferreres, S. J., Editio altera; Barcinone, 1904.

— Casus Conscientiæ, Propositi ac Soluti a P. Joanne P. Gury, S. J. Novis Casibus Aucti, etc. Opera P, Joannis B. Ferreres, S. J. Barcinone. 1903.

Haine, A. J. Theologiæ Moralis Elementa, ex S. Thoma Aliisque Probatis Auctoribus. Ed. 4; Lovanii, 1900.

Icard, Severin. La Mort Réelle et la Mort Apparente. Nouveaux Procédés de Diagnostic et Traitement de la Mort Apparente; 1897.

Instructio Pastoralis Eystettensis. Ed. 5; Friburgi-Brisgoviæ, 1902.

Laborde, J. V. Les Tractions Rhythmées de la Langue, Moyen Rationnel et le plus Puissant de Ranimer la Fonction Respiratoire et la Vie. 2d Ed.; 1897.

La Croix, S. J. Claudius. 1652–1714. Theologia Moralis; Coloniæ, 1733.

La Tribuna Illustrata. Roma 5 Giugno, 1904.

La Presse Médicale; Paris, August 17, 1904.

Lehmkuhl, S. J., Augustinus. Theologia Moralis. Ed. 9; Friburgi-Brisgoviæ, 1898.

Letamendi, Dr. Curso de Patología General; Madrid, 1889.

L'Union Médicale du Canada.

Marc, C. SS. R., Clemens. Institutiones Morales Alphonsianæ. Ed. 11; 1902.

Noldin, S. J., H. De Sacramentis; Oeniponte, 1901.

Noticias de la República de las Letras.

Panyerek, Dr. In *La Tribuna Illustrata.*

Pesch, S. J. Christianus. Prælectiones Dogmaticæ; Friburgi-Brisgoviæ, 1897.

Razón y Fe. Revista Mensual Científico-Religiosa, Redactada por Padres de la Compañía de Jesus; Madrid, 1904.

Revue des Questions Scientifiques; Louvain Belgium. Vols. 26 and 27.

San Andrés. Reflexiones sobre la Naturaleza de los Remedios y sus Efectos. The French original was printed in Rouen, 1700.

Scavini — Del Vecchio. Theologia Moralis Universa

ST. ALBERT'S COLLEGE LIBRARY

ad Mentem S. Alphonsi M. de Ligorio, Auctore Petro Scavini, in Compendium Redacta a J. A. Del Vecchio; Mediolani, 1880.

Suárez, S. J. Franciscus. 1548–1617. De Poenitentia et Extrema Unctione.

Surbled, Dr. George. La Vie Organique.

— La Vie Sexuelle; 1900.

Thomas Aquinas, S. 1225–1274. Summa Theologica. Supplementum.

Vázquez S. J., Gabriel. 1551–1604. De Poenitentia.

Viader y Payrachs, Dr. Discurso Médico-Moral; Gerona, 1785.

Viault y Folyet, Doctores. Fisiología. Traducción del Dr. Corominas; Barcelona, 1900.

Villada, S. J., Paulus. Casus Conscientiæ his præsertim Temporibus Accommodati; Bruxellis, Vromant, 1884–1887.

Viva, S. J., Dominicus. 1638–1710. Trutina Theologica.

Witz. In *Revue des questions scientifiques.*

Zacchias, Paulus. Quæstiones Medico-Legales, Romæ. Published in the 17th Century.

3374
250.2
F26
AUTHOR
TITLE